

H. C. the

Somerset

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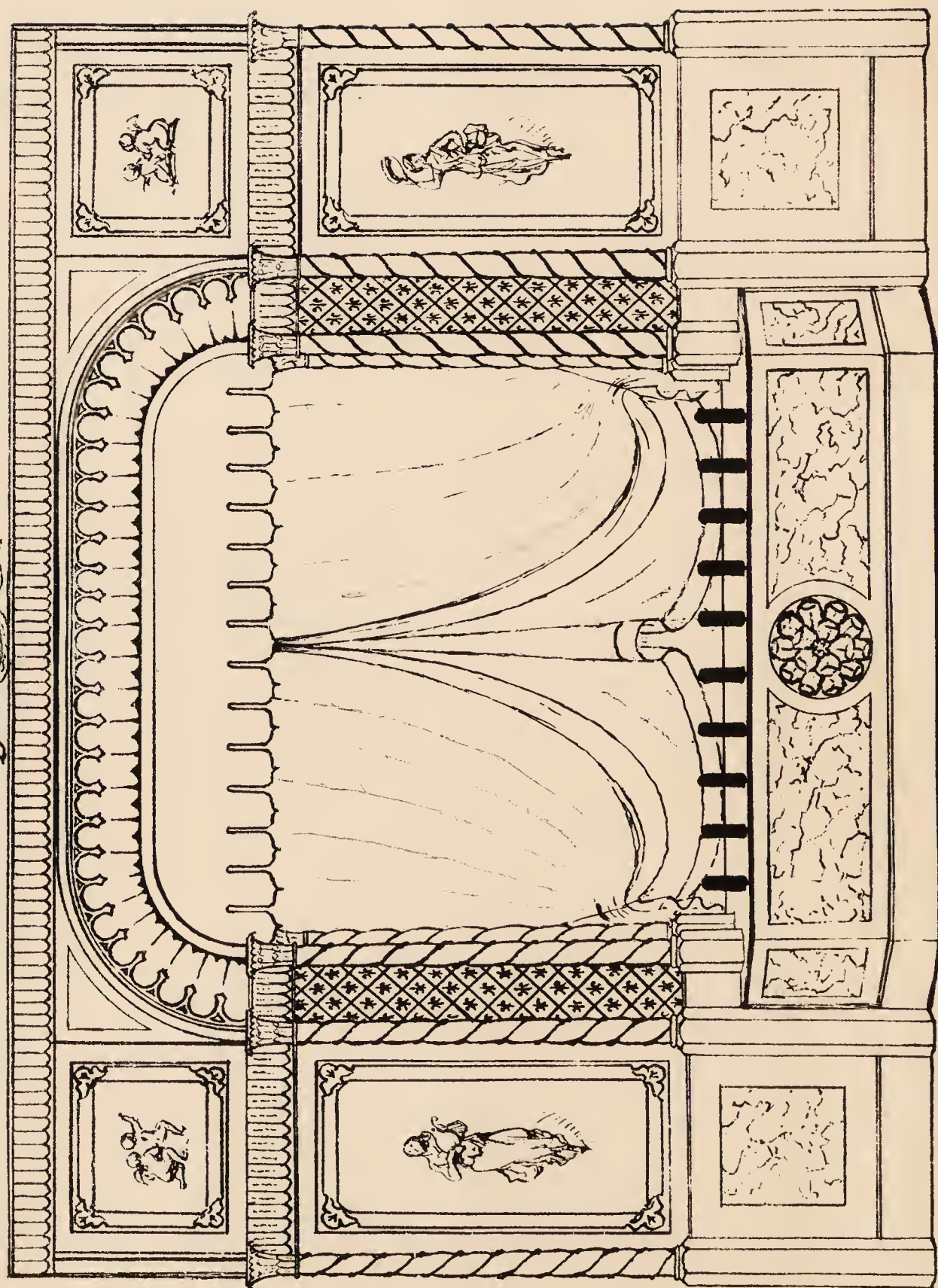
Wiltshire

1861-65

PLAN OF THE SOMERSET COUNTY LUNATIC ASYLUM AND LANDS.



REFERENCE.		a.	r.	p.
1	The Asylum Airing Grounds, &c. —	4	1	24
2	The Lawn —	2	1	36
3	Pasture —	7	3	5
4	Arable irrigated with Sewage —	6	1	8
5	Cottage & Garden —	0	1	7
6	Piggeries and Yard —	0	2	2
7	New Buildings & Airing Ground —	0	6	31
8	Farm-yard & Buildings —	0	0	35
9	Gas Works & Buildings —	0	0	35
10	Potatoe Garden & Lime-kiln —	0	3	24
11	Arable & Copse —	4	0	16
12, 13	Gardens —	7	1	31
14	Cottage —	0	0	6
15	Wood —	0	3	21
16	Arable —	2	2	33
17	Pasture —	3	3	6
18	Pasture —	2	1	6
19	Chaplain's Residence & Gardens —	1	0	10
20	Pasture —	11	1	6
21	Wood —	0	1	20
22	Orchard —	0	3	1
23	Wood —	1	0	25
24	Arable —	2	1	3
25	Lodge & Waghbridge —	0	1	2
26	Arable —	3	2	10
27	Lodge & Garden —	0	0	39



1 a 2

FIFTEENTH

ANNUAL REPORT

OF THE

SOMERSET COUNTY PAUPER

LUNATIC ASYLUM,

FROM THE 1ST OF JANUARY, TO THE END OF THE YEAR.

1862.



WELLS:

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A LIST OF THE
COMMITTEE OF VISITORS
OF THE
Somerset County Pauper Lunatic Asylum,
1862.

CHAIRMAN:

FRANCIS HENRY DICKINSON, Esq.

CHARLES AARON MOODY, Esq., M.P.,
SIR WILLIAM MILES, BART., M.P.,
LIEUTENANT-GENERAL COLES,
CAPTAIN SCOBELL, R.N.,
W. F. KNATCHBULL, Esq., M.P.,
COLONEL PINNEY, M.P.,
ROBERT CLERK, Esq.,
RALPH NEVILLE GRENVILLE, Esq.,
JAMES CURTIS SOMERVILLE, Esq.,
E. B. NAPIER, Esq.,
COL. PHIPPS,
GEORGE WARRY, Esq.,
RICHARD KING MEADE KING, Esq.,
EDMUND HENRY DICKINSON, Esq.,
HENRY ERNST, Esq.,
JOSEPH WOLLEN, Esq.,
JOHN SINKINS, Esq.,
VINCENT STUCKEY WOOD, Esq.,
HENRY BADCOCK, Esq.,
G. F. LUTTRELL, Esq.,
H. A. F. LUTTRELL, Esq.,
JOHN HIPPISEY, Esq.,
E. H. CLERK, Esq.,
JEROME MURCH, Esq.

TREASURER:

CAPT. GILES, STUCKEY'S BANKING COMPANY, WELLS.



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ANNUAL REPORT

OF THE

VISITORS

OF THE

Somerset County Lunatic Asylum:

PRESENTED TO THE

COURT OF QUARTER SESSIONS,

HELD AT TAUNTON, IN THE SAID COUNTY, ON TUESDAY,
THE 6TH DAY OF JANUARY, 1863.

THE Asylum has been in a satisfactory condition during the last year, the recoveries have been more than in any previous year, and one-third above the average; and the patients have been generally healthy, the deaths have been below the average, which is the more satisfactory, because, as the numbers increase, it is to be expected that the number of chronics, of patients in feeble health, and of deaths, should increase even more rapidly.

The number of patients on the 1st of January, 1862, was 465: there are now 482.

At the annual visit of the Commissioners in Lunacy, in June, some remarks were left by them in the Visitors' Book, which the Committee thought unjust to Dr. Boyd and themselves, and they felt it necessary

to make a representation on the subject to the Commissioners, to which no reply has been received. The papers will be printed with the Report.

The Committee had occasion to censure Mr. GUNN, who has been Clerk since the opening of the Asylum, and he resigned.

A sub-committee was appointed to consider the best mode of securing the efficient performance of the duties of his office, who made a most valuable report, recommending that the Clerk be no longer Steward and Store-keeper, and laying down regulations for the different offices to be created. Upon the recommendation of Dr. BOYD, the Committee accordingly appointed Mr. BRISTOW Steward and Store-keeper; he has for some time acted in another capacity, and made himself useful in the house, and, during the three months since his appointment, has acted in such a manner as to show that he merits the confidence placed in him.

Mr. H. SMITH was elected Clerk to the Visitors, and Clerk to the Asylum, at the last meeting of the Committee, in December.

The report of the sub-committee will be printed.

During the interval, the duties of Clerk were temporarily performed by Mr. BADCOCKE, the Clerk to the Auditors, to the entire satisfaction of the Committee.

During the last year another addition has been made to the legislative provisions, which regulate the Asylum.

Dr. BOYD's report will contain an abstract of this Act, the 25th and 26th Vic., c. 111.

It is enough at present to state that power is given to form a building fund, with the extra charge made for patients sent from places which did not contribute to the building of the Asylum; and this power is subject to the condition that the Committee render annually to Quarter Sessions an account of the fund, and the mode in which it is expended.

The Court is aware that such a fund as this was established when the Asylum was opened, through the judicious care of Mr. MOODY, and that all the money received on account of the extra charge has been applied to the enlargement and improvement of the Asylum.

The Committee, therefore, have thought this the proper time to append to their report as full an account of this fund as can now be rendered, with notes of the chief improvements from time to time made. In all, about £8,600 has been received, and nearly the same sum expended, since the house was opened in March, 1848.

During the first six years, about £2,000 was spent in completing the boundary-wall and lodges, in leveling and quarrying, and getting the ground in order in front of the house, and completing some of the out-buildings behind. During the next three years, considerable improvements were made in the farm-yard, and a dormitory then built, at an expense of about £1,000, and the large dormitories formed in the house by taking down wooden partitions; after that the kitchen and work-shops were removed, the laundry—after the fire—repaired, steam introduced instead of open fires for the boilers, and iron

substituted for wood in the roof, and, lastly, the large dining and recreation-hall built. The house was built for 350 patients, and cost £52,000. At the end of 1859, there was room for 440, and 520 can now be accommodated, at an expense of about £8,000 for the additional 170 patients, and no charge has been made on the County Rate for repairs and alterations; and it is right to add that land has been bought, which cost rather more than £3,000.

It is satisfactory that so large an increase has been secured at so small a cost, and that much of what has been done, has been conducive to the good of the patients; the masons, carpenters, etc., who happened to be in the asylum, being employed on their proper work, and others made to assist them.

For the planning and managing the improvements, the Committee are largely indebted to Dr. BOYD, in whose care and diligence they express the same confidence as heretofore.

It is proper also that they should express their satisfaction with Dr. MADDEN, and the other persons employed in the Asylum.

The Committee have to regret the loss of Mr. HOBHOUSE, Dr. MOSS, and Admiral DUFF; and to recommend that Lord CORK and Mr. C. BARTON be added to the Committee.

F. H. DICKINSON,
R. KING MEADE KING,
J. C. SOMERVILLE,
W. F. KNATCHBULL,
R. LECKONBY PHIPPS.

APPENDIX

TO THE

REPORT OF THE VISITORS.

SOMERSET COUNTY ASYLUM,
June 21st, 1862.

The following changes have taken place since the visit of our colleagues, on the 29th of November last, viz. :—

Admitted—Males	65
„ Females	47
	—
Total ...	112
	—
Discharged—Males	39
„ Females	36
	—
Total ...	75
	—
Died—Males	25
„ Females	11
	—
Total ...	36
	—

The numbers now on the books, including three patients of each sex, who are absent on probation, were as follows :—males, 223 ; females, 239 : total, 462.

We have this day examined every patient, and inspected the whole of the establishment.

During our visit, several patients in No. 3 wards, on both sides of the house, were noisy and excited, but the women were more so than the men ; and their dress and personal appearance was not satisfactory.

We noticed as many as fourteen of the women in this ward who were dressed in strong canvas gowns, very few of whom wore stockings ; in other wards also, some of the female patients were

far from well clad. Two females were in seclusion. Although the men were better dressed than the women, some of their clothes were in very indifferent condition; and we strongly recommend that increased attention be given to the clothing of the inmates generally.

No case of instrumental restraint has occurred since the last visit, and the instances of seclusion have not been frequent, except in one or two cases.

The bodily health of the patients is on the whole good; a considerable number of them, however, are under medical treatment, and eight men, and six women, were in bed in the infirmaries.

We saw a large number of the patients, of both sexes, assembled at dinner in the dining-hall. Their behaviour was orderly, and the food provided for them was good, and properly served. The band played during the meal.

We understand that the usual system of night attendance is kept up, but a considerable number of patients still wet or dirty their beds; and the return for last night shows that eighteen men, and fourteen women, were either wet or dirty.

The number of patients employed, and who attend Divine Service in the chapel, is about the same as reported on former occasions, and the general routine of the establishment remains unchanged.

With regard to the condition of the wards, we have to report as follows:—The ventilation in many of the galleries, and single-rooms, was very imperfect; and we think it important that steps should be taken, without further delay, to alter a number of the windows in each ward, by means of hinges fixed so as to allow the *whole sash* to be opened *wide*. In the single rooms the small tin plates, which allow an opening of only a *few inches*, are quite insufficient to secure proper ventilation.

In No. 3 wards, on both sides, the floors of the single-rooms are saturated with *urine*, and in some cases rotten; these should be at once replaced by new flooring, and provision should be made to secure good ventilation under the boards.

Without exception, the airing courts were in a very disorderly and neglected state, and they require immediate attention. We were sorry to find several beds which had been made up wet, and some of the blankets were old and ragged; indeed, we noticed in several departments a want of that thorough cleanliness and good order, which are so essential in an institution of this description,

to improve the habits and conduct of the inmates. If supernumerary attendants were engaged, more might be done in promoting occupation and order among the patients. The new single-rooms, which have been formed out of the old bake-house, require better ventilation. Some of the bath-rooms are not in good order, and we think, if a few moveable hip and sponge-baths were provided for the women, they would be found very useful.

We were glad to notice that the walls of one of the female wards were being coloured, and we were informed that this improvement will be carried into other parts of the building. Additional chairs will also be furnished for the use of the inmates.

We have examined the case book, and other records, which are kept with skill and care; and the medical treatment of the patients is evidently very well attended to.

W. G. CAMBELL, } *Commissioners*
F. GASKELL, } *in Lunacy.*

OFFICE OF COMMISSIONERS IN LUNACY,
19, WHITEHALL PLACE, S.W.,
3rd July, 1862.

SIR,

The entry made by two members of this Commission in the Visitors' Book of the Somerset County Asylum, on the 21st of June last, has been read at the Board, by whom I am directed to request that you will bring the same under the especial notice of the Committee of Visitors, at the first opportunity.

The Board observe (amongst other things)—

1. That the dresses of some of the patients (particularly those of the women in No. 3) were very insufficient and unsatisfactory.

2. That the ventilation in many of the galleries and single-rooms was exceedingly defective.

3. That the floors of the single-rooms, in No. 3, were saturated with urine, and rotten.

4. That some beds were made up wet; and

5. That the baths and airing courts were in bad order.

The subject of the disorder of the grounds; of the bad state of the clothes, and want of stockings; of the Bath-room; the increase of Attendants; and of the ventilation (the ventilation repeatedly), have been adverted to in former entries.

The Commissioners assure themselves that the Committee of Visitors are desirous of placing the Somerset County Asylum in the most creditable state, and they, therefore, instruct me to request that you will call their particular attention to the before-mentioned entry; and to suggest whether some of the existing defects may not be remedied by engaging a larger staff of Attendants. They will be glad to learn, as soon as convenient, what steps the Visitors may determine upon, in order to bring the Asylum into a satisfactory condition.

I am, Sir,

Your obedient Servant,

W. C. SPRING RICE,

Secretary.

G. W. GUNN, Esq.,

Clerk to Visitors.

KINGWESTON, SOMERTON,

August 11th, 1862.

SIR,

Your letter of July 3rd, and the Minute made by Messrs. CAMBELL and GASKELL, on June 21st, were brought under the notice of the Committee of Visitors of the Somerset County Asylum, at their monthly meeting, on July 17th, and the Clerk was directed to call a special meeting for August 2nd, to consider them.

On that day ten members of the Committee attended, your letter and the minute were read, and the Committee enquired carefully of Dr. BOYD as to any suggestions he might have to make respecting them.

Before I make a detailed reply to the statements contained in these documents, I must specially notice two of those statements, which surprised the Committee not a little.

“In No. 3 wards, on both sides, the floors of the single-rooms are saturated with urine, and in some cases rotten; these should be at once replaced by new flooring, and provision should be made to secure good ventilation under the boards.”

At the meeting on Thursday, June 19th, two days before the visit of the Commissioners, the Committee ordered a large purchase of flooring on purpose to cure the defects of these single-rooms; and Dr. BOYD informs me that he told the Commissioners.

I am instructed by the Committee to say that they think they have reason to complain of the conduct of the Commissioners in thus recording the evil, while they appear to have forgotten that we have already taken care to provide a remedy.

“We are glad to notice that the walls of one of the female wards were being coloured, and we were informed that this improvement will be carried into other parts of the building.”

It is remarkable that at the time of the visit of the Commissioners, three of those wards had been coloured, leaving two uncoloured.

I have further to remark, that the Commissioners visited the asylum on Saturday, which is washing-day. We have no complaint to make of this. It is obviously desirable that such visits should be made at uncertain times, and without reference to the probability of the house and patients being tidy or untidy, tranquil or otherwise; but when we find in their Minute objections to the state of the bath-rooms, remarks on “a want of that thorough cleanliness and good order, which are so essential to an Institution of this description,” and a notice of the noisy and excited state of some of the patients in No. 3 ward, “very few of whom wore stockings,” we may at least be permitted to express our regret that the Commissioners appear to have overlooked a feature in the circumstances of this visit, which may account for the house and patients appearing in a less satisfactory state than on former occasions.

I am instructed to make the following replies to the points noticed in your letter of the 3rd ult.:—1st. That the dresses of some of the patients “(particularly those of the women in No. 3) were very insufficient and unsatisfactory.” One of the dresses in question was shown to us. What is stated by the Commissioners to be “a strong canvas gown,” is really made of a twilled linen; and we are of opinion that for destructive patients it is necessary and proper. The Commissioners further remark as to these patients, “very few of whom wore stockings.” In addition to what I have said above, I am instructed to state that the patients are properly supplied with stockings; and I am informed, on enquiry, that on the day of the visit only four were without them. The state of No. 3 ward, on each side—especially the female—is reflected on; that state is not satisfactory to the Committee; it gives them pain

whenever they go round the asylum, but they fear that that state is unavoidable. In this, as in other things, it is their desire to support Dr. BOYD. Were he disposed to distribute the patients indiscriminately through the wards—an experiment which has already been tried without success—they would not object, but at present they are persuaded that to do this would be to sacrifice the comfort of the tranquil and convalescent, and to retard their recovery, for the sake of a partial and doubtful benefit to the dirty, refractory, and incurable. The Committee see no reason to think that on the whole the clothing is unsatisfactory.

2nd. That the ventilation in many of the “galleries and single-rooms was exceedingly defective.” The Committee have never been satisfied with the ventilation; some of them have desired to alter the system entirely, some doubt whether, considering the habits of many of the patients, any system of ventilation can succeed. All that can be said is, that the Committee are anxious to improve the ventilation, that the opening of more windows, as suggested by the Commissioners, is in progress, and that the ventilation of the new single-rooms, formed out of the old bake-house, has been improved.

3rd. That the floors of the single-rooms, in No. 3, “were saturated with urine, and rotten,” has already been noticed.

4th. That “some beds were made up wet.” The Committee understand that one bed and two blankets were found by the Commissioners to be wet, and they much regret that it should have been so.

5th. That the “baths and airing courts were in bad order.” In addition to what has been said above, I am instructed to say that the largest of the two airing courts, on the female side, is now under repair, the walks are being re-laid with coal-tar and red gravel, and borders for evergreens and flowers made; and that it is the desire of the Committee, and Dr. BOYD, to make the place as cheerful as possible. Hip-baths and sponge-baths will be used. The Commissioners suggest the employment of additional attendants. I have to remark that two additional female attendants have been engaged since the last visit of the Commissioners, and that two more attendants will be added; but that, with the exception of these, neither the Committee, nor Dr. BOYD, see the necessity for a larger staff of attendants, as suggested in your letter.

In conclusion, I feel bound to say that I am not aware of anything in the state of the asylum, except the accident of the Commissioners visiting it on cleaning-day, which should make its state seem different from what it was formerly, or justify so great a change as appears to have taken place in the opinion of your Board respecting it. Possibly, the great influx of fresh patients—which has been very remarkable—and the increased number of persons of advanced age, and difficult to keep clean, may have had an injurious effect; but I feel bound to say, on behalf of the Committee, that we have not ourselves noticed any material change, or that we believe in its existence.

I have the honour to be, Sir,

Your obedient Servant,

F. H. DICKINSON,

*Chairman of the Committee
of Visitors.*

The Hon. W. C. SPRING RICE.

THE REPORT OF THE SUB-COMMITTEE.

COUNTY LUNATIC ASYLUM,

30th August, 1862.

“Minutes of the meeting of the Sub-committee appointed,
“on the 28th of August, to consider arrangements for the
“appointment of Clerk and Store-keeper, and their
“salaries, with power to make such temporary arrange-
“ments as they may think proper.”

Present—R. CLERK, ESQ.,

LIEUT.-GENERAL COLES,

J. C. SOMERVILLE, ESQ.,

J. S. SINKINS, ESQ.

As regards the duties to be required of the Clerk to the Asylum, and Clerk to the Visitors, your Committee think—

That, in addition to all those duties specified in the Acts of Parliament, and particularly those defined by 16 and 17 Vic., c. 97, sections 56, 63, 80, 89, 91, 92, and 93, the Clerk should conduct all such correspondence as the Visitors and the Medical Superintendent shall direct, and enter copies of all letters in a book to be kept for that purpose.

That he should quarterly, in each year, make abstracts of the expenditure for the maintenance of Patients, for the guidance of the Visitors, and for their information as to the charge necessary to be levied on the Unions.

That he should, on the morning of each monthly or other meeting of the Visitors, lay all the account and other books kept for the use of the establishment, and all documents and correspondence received since the previous meeting, before the Committee; and that he should be required to perform all such other duties as the Visitors may require of him, connected with his office as Clerk generally to the Asylum and Visitors.

That he alone should send all orders for supplies, provisions, and stores of all kinds, subject to the authority or orders of the Visitors, or, in special cases, subject to the order of the Superintendent.

That he should receive and post all bills and invoices, after the articles have been received, examined, and approved by the Store-keeper, and eventually attach to them their proper receipts.

That, in addition to the petty cash book, he should keep a diary.

That he should take stock twice in the year, viz.—on the 1st of January, and 1st of July.

As regards the duties of Store-keeper—

That the Store-keeper should receive and take charge of all provisions, clothing, linen, &c., and other articles (except medical stores) belonging to the Asylum, and will be responsible for their safe and proper custody.

That it would be his duty to check all weights, and to see that all articles received by him are in accordance with the contracts and samples approved by the Visitors, and, in default thereof, to report the same to the Clerk.

That he should keep books for the entry of receipts and issues.

That he shall keep and make up the “Provisions Receipt and Consumption Account.”

That he shall issue no articles without the authority of the Superintendent, or, in his absence, of the person in charge of the asylum, whose signature being attached to the list of wants, hereafter referred to, shall constitute the authority for such issues of stores.

That lists of the wants of the several heads of the departments should be entered in books, to be kept by them for that purpose.

That he should see that the meals of the patients are duly provided, dressed, and served, according to the dietary in force, or the directions of the medical officers; and that he should superintend the distribution of the food.

The Committee are of opinion that neither the Clerk, nor the Store-keeper, should be allowed to absent themselves without permission from the Visitors or Superintendent, or other person in charge of the asylum; that the Clerk, as well as the Store-keeper, should be resident; that it is not desirable to make any temporary arrangement, but that a special meeting should be immediately called to take into consideration this Report.

SALARIES OF CLERK AND STORE-KEEPER.

The Committee think that a Clerk may be obtained at a salary from £80 to £100 per annum, he being permitted to live at the Lodge, and have the garden attached to it; but that he should have no rations nor other allowances:—that the salary of the Store-keeper might be £40 per annum, he residing in the house, and drawing rations.

The Committee, in forwarding this Report to the Chairman of the Asylum Committee, beg to request that he will be so good as to call a special meeting of the Visitors as soon as possible, in order that, if the Report be approved of, an advertisement may be forthwith issued for Clerk and Store-keeper, or either of them.

JAMES C. SOMERVILLE,

On behalf of the Committee.

F. H. DICKINSON, Esq.,
Chairman.

BUILDING FUND ACCOUNT.

SUMS RECEIVED ON ACCOUNT OF ASYLUM BUILDING FUND,
*Being excess charged from places which did not contribute to
 County Rate for the Building of the Asylum.*

	£	s.	d.
1849	313	10	5
1850	677	12	3
1851	419	9	4
1852	595	11	10
1853	473	16	0
1854	342	0	9
1855	354	17	11
1856	513	15	0
1857	348	19	11
1858	760	15	9
1859	812	7	11
1860	808	14	10
1861	942	10	7
1862	996	17	7

TOTAL..... £8361 0 1

	PAYMENTS ON ACCOUNT OF ASYLUM BUILDING FUND.		
	£	s.	d.
1850. Wages and materials for additional build- ings, and continuing the boundary-wall }	435	5	4½
1851. Materials for additional buildings, and boundary-wall, and airing courts }	515	7	6½
1852. Additional buildings	303	7	5
To Carver for plans for additional accom- modation	13	13	0
1853. Additional buildings	289	16	6
1854. Materials and wages for new buildings..	494	17	1
Wages and materials for necessary altera- tions	94	9	10
1855. Materials	256	4	10
Wages	111	1	0
1856. Materials	572	13	11
Wages	170	9	6
1857. Building materials	403	10	4
Wages	169	9	0
1858. Building materials	362	0	4
Wages	164	9	3
1859. Materials	584	17	6
Wages	178	1	4
1860. Paid for materials	1266	6	11
Architect's commission	102	10	0
Wages	436	8	4
1861. Materials	654	19	4
Wages	51	2	7
1862. Materials	150	0	0
Wages	45	13	1

TOTAL £7826 14 0

BUILDING FUND ACCOUNT—continued.

In order to make the above Account agree with the Accounts published in the Annual Reports, notice must be taken of certain other receipts and payments, as follows:—

	£	s.	d.
Brought forward.....	8361	0	1
1850. Stone sold.....	12	5	4
1853. Amount received from the County treasurer, being the balance left of the loan borrowed for defraying the expenses of purchasing lands for building, erecting, and com- pleting the Somerset County Pauper Lunatic Asylum, &c.	779	8	6
1860. Insurance	251	5	6
<hr/>			
TOTAL.....	£9403	19	5

21

	£	s.	d.
Brought forward.....	7826	14	0
1851. Amount transferred from the Treasurer's account to that of Mr. Messiter, the County treasurer, being part of the special rate for repayment of loan and interest	245	5	10
1853. Purchase of land (4A. 3R. 20P.)	475	12	6
1854. Law expenses of ditto	66	10	7
Payment of insurance premium	7	19	6
Balance to building account to close of 1862	781	17	0
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TOTAL.....	£9403	19	5

In 1861 and 1862, £2438 1s. 10d. was paid out of the County Rate, for the purchase of a house and eighteen and a half acres of land.

FIFTEENTH ANNUAL REPORT
OF THE
Somerset County Lunatic Asylum,
FOR THE YEAR 1862.

BY ROBERT BOYD, M.D.,
PHYSICIAN AND SUPERINTENDENT.

PART I.

SINCE the last annual report was presented to the Visitors, the "Lunacy Acts Amendment Act, 1862," (25 and 26 Vic., c. 111) has passed the Legislature. There are forty-eight sections in this Act. The preliminary ones have reference to the *establishment* of County Asylums, estimates, plans, &c.

Section 6 recognises the establishment of a "*Building and Repair Fund*," from the excess of payments for patients not belonging to the County or Borough for which the asylum is provided; and directs that a detailed statement of the manner in which such fund has been expended shall be annually submitted to the General or Quarter Sessions.

Such a fund was established in this institution so far back as 1848,* by C. A. Moody, Esq., M.P. (then Chairman), and Visitors. In that year a contract was made, under the 8 and 9 Vic., c. 126, s. 70, with the Borough of Bath for two years, which agreement was renewed, at the expiration of that term, for ten years, for the admission of not more than sixty pauper lunatics, chargeable to the Borough, at an excess of 3s. 2½d. over the weekly charge for those from parishes in the County. A similar agreement was made about the same time with the Borough of Bridgwater, from which ten pauper lunatics were admitted; and from these extra charges a "*Building and Repair Fund*" was then established, which has been in operation ever since. From the last annual report

* Fifth annual report of Somerset County Asylum, pp. 10-12, 1852.

of the Visitors (p. 6), it appears that above £7,500 had been spent of this fund in buildings, repairs, and improvements, since 1849. The excess of 5s. 3d. weekly, charged to pauper lunatics belonging to other Counties, and to Cardiff Union, since 1857, has also been added to this fund.

Section 7 empowers the Justices of a County or Borough, who have made a contract with any asylum for the reception of their pauper lunatics, to defray out of the County or Borough Rate a portion of the weekly charge, "in exoneration to that extent of the Union to which the maintenance of any such pauper lunatic may be chargeable."

By section 8, "the Visitors of any asylum are enabled to make arrangements with the Guardians of any Union within the district, subject to the approval of the Commissioners and President of the Poor Law Board, for the reception and care of a limited number of chronic lunatics in the workhouse, to be selected by the superintendent of the asylum." But this clause will be inoperative unless the Visitors could make such arrangements as would enable them to exercise the same power in the workhouse, regarding the lunatics, that they exercise in the asylum, including the power of supervision, regulation of the dietary, and the employment of paid attendants for the care of the insane. This subject was noticed in the sixth annual report of this asylum (pp. 14-16), 1853, and the removal of chronic harmless cases to the workhouses suggested, but still to be retained under the control of the Visitors; and by this means the necessity for the further enlargement of County Asylums would be obviated. The experiment of sending harmless chronic cases has been tried here, but they have so often returned, that it is useless to send them unless under some different arrangements.

Section 11 enables the Visitors, "with the sanction of the Court of General or Quarter Sessions, to hire any land or buildings, either for the employment or occupation of the patients in the asylum, or for the temporary accommodation of any pauper lunatics for whom the accommodation in the asylum may be inadequate." The building so hired shall be deemed part of the asylum. In this case the Visitors have full power; whereas in sec. 8, with reference to the workhouse, the Guardians and President of the Poor Law Board must be consenting parties. Sec. 11 enables the Visitors, with the sanction of their brother magistrates in Sessions, to provide accommodation for any demands for admission that may be made upon the County Asylum, and enables them to retain

all the pauper lunatics under their own control and management, if they prefer it, to placing them in workhouses. It would be very desirable if the whole of the sick poor could be placed under Visitors, and the contract system for medical relief abolished. No expensive drugs, as ether, quinine, or cod liver oil—so essential in many diseases—can be afforded, or are generally given, under the contract system, and Unions should be bound to supply them. For it is a delusion to suppose that the diseases of the poor can be properly treated without such drugs. Surely a sick pauper is as much an object for care as an insane pauper—his life is equally valuable, or more so. A sick man, by proper treatment, may be restored to health, and his services become at once valuable to the public; this cannot be so strictly applied to insane persons, who, when once afflicted, are more or less liable to relapse. It has been stated that the death of a young agricultural labourer, at the age of 25, involves a national loss of £246 7s.*

Insanity is often the result of bodily illness (see two last annual reports, pages 18 and 20), and the disorders of the mind would be mitigated, and the pressure on County Asylums lessened, if proper nursing and medical necessities were liberally provided at every Union-workhouse. Any measure providing speedy and efficient aid in cases of sickness amongst the poor would be found economical, as the same rule holds good in all acute diseases as in insanity.

The following verdict of a Coroner's Jury in a measure corroborates what is here stated:—"That the deceased died from effusion of the serum on the brain; and the jury desire to express their regret that medical men should refuse to attend the poor without guaranteed payment. The jury consider that, as such refusals are frequent, the parish authorities should take it upon themselves to pay the fees for first visits of medical men to poor persons in urgent cases, and the jury are of opinion that such a provision would be the means of saving life."†

A more liberal provision for the poor in sickness would diminish the number of candidates for the asylum.

Provision is made for the burial of pauper lunatics, and with respect to the purchase of lands, by secs. 8 and 9.

* *Review*.—Fourth Report of Medical Officer of the Privy Council.—*Athenæum*, August 30th, 1862.

† "Send for the Doctor."—*Medical Times and Gazette*, Nov. 15th, 1862.

Sections 12 and 13 have reference to the superannuation of officers in asylums.

Sections 14, 15, 16, 17, and 18, refer exclusively to the inspection and regulation of licensed houses for the reception of lunatics.

Section 19 provides for sending pauper lunatics to asylums.

Section 20 prohibits the detention of a lunatic, or alleged lunatic, in a workhouse beyond the period of fourteen days.

Section 21 makes an addition to the quarterly lists of lunatics in workhouses, and whether or not the lunatics detained therein are proper persons to be kept in a workhouse.

Sections 22, 23, and 24, refer to the reception of private patients, and the signing of orders for their admission.

Section 25 directs, wherever possible, the name and address of one or more relations of lunatic to be inserted in order, and in the event of death, the Clerk of the asylum to send by post, notice of the same, in a pre-paid letter, to such relation. There does not appear to be any specific time in which this notice is to be sent inserted in the clause.

By section 26, the same order and certificate required by law to justify detention of a patient will be sufficient to authorise his detention either as pauper or private patient.

Section 27 allows fourteen days for the correction of a defective certificate. The same was allowed by the Act of 1853. A case occurred a few months ago in which the friends could not conveniently nor without considerable expense get the certificate amended, and they preferred removing the patient, and she shortly afterwards committed suicide at home.

Section 28 requires the notice to be sent by the Clerk the day after the admission of a private patient, instead of after two, and before the end of seven days, as heretofore.

Sections 29, 30, 31, 32, 33, refer to the visitations of the Commissioners to licensed houses, asylums, gaols, and workhouses, and to the removal by them therefrom of pauper patients to asylums.

Section 34 requires the Superintendent of every asylum to transmit to the Guardians of every Union, half-yearly, a statement of the condition of their pauper lunatics. In the quarterly account to the Unions, such a statement can be made opposite the name of each patient.

Sections 35 and 36 refer to inquiries and entries of Commissioners and Visitors relative to licensed houses.

Section 37 directs the visiting committee of every Union to make entries, once at the least in each quarter of the year,

respecting the dietary, accommodation, and treatment of lunatics in workhouses, in a book to be laid before the Commissioners, on their visits, by the master.

Section 38 permits patients from hospitals and licensed houses to be absent on trial, with an allowance granted to them and paid for their benefit.

Section 39 inflicts penalties, not exceeding £20, for connivance at the escape of lunatics.

Section 40 refers to the correspondence of private patients.

Sections 41, 42, 43, and 44, refer to the condition, medical visitation, discharge and death of single patients.

Section 45 refers to the chargeability of pauper lunatics whose settlements cannot be ascertained; where found in a Borough, shall be adjudged to be chargeable to the same.

The three remaining clauses amend and repeat sections in former Acts.

These observations on the New Lunacy Act have been considered appropriate; they shew that some things which have been here long adopted and recommended in the annual reports of this institution, have been legally approved; and they point out alterations and additions in the law relating to County asylums.

On the 31st December, 1861, there were in the asylum 229 males, 236 females, total patients 465.

	MALES	FEMALES	TOTAL
Admitted in 1862	89,	79,	168
Discharged, recovered	53,	48,	101
„ relieved	4,	2,	6
„ not improved	3,	0,	3
Died	29,	12,	41
Remaining	229,	253,	482

of whom 3 males and 6 females are out on probation. There is an increase of 17 females, the number of males remain exactly the same as last year.

The accommodation is likely to be sufficient for all patients requiring admission during 1863; after which time, should the Cardiff patients be removed, there will be room enough for two years to come; unless the influx of patients should be greater than it has been hitherto. It may again be mentioned that if necessary the two north wings can each be raised one story, making them the same height as the rest of the building, there would then be accommodation for many years, and room for double the number the asylum was originally intended for, and at a comparatively trifling cost.

Besides the necessary repairs and additions to furniture, embellishments for the interior of the house, allowed by the Visitors, are now in progress. It would be very desirable that the workshops for the males in No. 3 should be commenced in the Spring. An additional attendant would be required in this ward whilst the works were in operation, and afterwards for the workshops. Several of the patients in this ward are able-bodied, and would be greatly benefited by employment, which it is now difficult to find for them, as they cannot all be safely trusted to work with other patients in the garden or on the farm. The workshops might be made for three or more useful employments—one part for pumping the sewage into the garden by a capstan, one for mat-making, and one for sawing timber and stone-breaking.

It is very likely that the whole of the labour requisite for the building and completing these workshops could be done in the establishment.

IMPROVEMENTS.

The cottages at the back gate have been completed, and one of them will afford room for about eight working patients when required. The cottage in the farm yard, which has been occupied the last seven years by ten patients, has answered, and this method of enlarging the accommodation for patients has much to recommend it, being home-like and economical.

The new chimney for the steam furnace, sixty feet high, has been built, and was finished in the Spring by the mason-attendant, assisted entirely by patients, and there has also been connected with it a ventilating flue, to assist in abstracting the foul air from No. 1 on the female side, which it was found to do unmistakably whilst the chimney was in course of completion. No accident occurred during the progress of this work, though it might be thought dangerous to raise scaffolding to such a height, and employ patients in the building, under the care of one mason-attendant.

The great kitchen is now but little used and might be converted into a dormitory for twenty beds, if the kitchen range were moved out of it. A small waiting room might be made out of part of it for servants or others on committee days. A chimney, about forty feet high, would be required to be built in the back kitchen against the partition wall through the roof, high enough to raise it sufficiently above the roof of the new dining hall. When it becomes requisite

to enlarge the chapel it might be extended backward by raising the roof of the great kitchen.

HEATING.

The hot-air flues had to be opened in some places for the purpose of being cleaned, so much rubbish had accumulated, partly from what was pushed through the gratings by the patients, and partly from what was carried there by rats, that the current of air was obstructed. This has now been remedied, and the heating of No. 3 female side much improved by additional hot-water pipes from the boiler which supplies the baths on that side of the house. These necessary repairs to the heating apparatus were ordered by the Visitors to be done by Mr. HADEN's most intelligent workman, who had been previously, on several occasions, employed here.

ESCAPES.

There have been several attempts to escape, especially amongst the males; all but one were brought back—some at considerable expense—one man from Suffolk, and one, after a week's absence, returned of his own accord. He visited his friends, wore his own clothes on returning, and brought back those belonging to the asylum tied up in a bundle. These escapes seldom occur singly—two, three, and even four have been known to absent themselves in the day. The number of escapes has materially diminished since the back gates have been put up, about which there was great delay. One man, sent from gaol, escaped several times; he was extremely active, annoying to the attendants, and ever on the watch. Through the representations of the Chairman to the Home Office, he was at length transferred to Fisherton, the chief depôt for patients of his class. There are still eight criminal lunatics remaining, (with the exception of one whom I consider to have recovered),—chronic cases, not troublesome, or likely to be benefited by removal to the new criminal asylum, amongst new associates.

ACCIDENTS.

Two suicides have unfortunately occurred during the year, by male patients,—the first happened in August, when a man who had been only one month in the house, cut his throat with a razor: he was sitting in the infirmary day-room, where there were several others, when he saw an old convalescent patient, who could safely be trusted, shaving himself,—he

begged the razor of him, which was refused at first but presently given to him, and after shaving he committed the act, from which he died instantaneously. It is against the printed rules of the establishment for a patient to have a knife, or any instrument by which he could injure himself or others, in his possession, but on two occasions there have been patients who were barbers in the house, and their services have given great assistance to the attendants; but in future it will be deemed more prudent to allow patients who object to having others to shave them, to wear their beards.

The second case of suicide which has just occurred, will prove how difficult, if not impossible, it is to provide against such accidents. A labourer, aged 34, married, was admitted in the last month of the year; at first he was violent, afterwards tranquil,—the third day he was visited about five p.m. by the Assistant Medical Officer, in his room, where he was in bed, and the door open,—within half-an-hour the attendant came to say he had injured himself desperately in the abdomen, but he did not know how. He was found sitting on the floor, with his back to the wall, with an incised wound about three inches long, below the navel, and he had so injured the intestines that he only lived ten hours. He said he broke the window and with a bit of broken glass made the wound; he spoke rationally, did not complain of pain, he had an opiate, took some food, and spoke only a few moments before his death, but his mind then seemed to wander.

Two accidents, resulting in fractures, have occurred to females; one fracture of the collar bone in an epileptic, from a fall during a fit. The second in a very restless, feeble patient,—she was pushing through a door way, when a violent patient slammed the door against the forearm, breaking both bones transversely; in both cases the bones have firmly united.

CHANGES IN THE ESTABLISHMENT.

Since the resignation of the late Clerk, who acted also as Steward, the duties have been separated. The Clerk to the Auditors has acted as Clerk to the Visitors and Clerk of the Asylum; and Mr. Bristow has been appointed Storekeeper, which office he has filled efficiently for the last three months. The new Clerk, Mr. Smith, elected on the 23rd of December, is to commence his duties the beginning of the year.

The female attendant who had charge of the idiots and infirm men for four years and half, had to resign on account

of her health, and has since died; a married woman has been appointed in her place, and her husband has been engaged as an additional attendant for the same ward. A female attendant had for many years been employed in the male infirmary, and the plan was found to be a decided improvement and has been continued, and two female attendants—one for the sick, the other for idiotic, epileptic, and infirm males—as an established rule, have had the charge of these patients for upwards of five years. An additional attendant has been engaged in No. 3 on the female side, and it has been proposed to engage an additional male attendant. There would then be 1 head attendant, 1 night attendant, 2 female and 8 male attendants, for 230 male patients; a proportion of 1 to 19, not including the following, all but one of whom are resident on the premises,—1 baker, 1 stoker, 1 smith, 1 painter, 1 shoemaker, 1 garden attendant, 1 carter, 1 mason, 1 carpenter (9,) which would make the proportion of attendants and servants to patients 1 to 11.

It may here be stated that the sum of £11 6s. was subscribed by the officers, attendants, and servants, for the relief of the Lancashire operatives.

AMUSEMENTS.

The summer was unfavourable for outdoor excursions, but the usual weekly meetings take place in the recreation hall. There is a great improvement in the performance of the Band under their able director Mr. Bristow, and it contributes greatly to enliven the inmates and the monotony of the house.

FARM.

The additional land, the purchase of which was mentioned in the last report, fell into possession in the spring—the produce has added materially to the size of the hay rick, which appears to contain more than double the usual quantity. The produce of potatoes has also been greater than in any previous year, but the roots for cattle are very much less in quantity than last year.

The Superintendent begs, in conclusion, to thank the Committee of Visitors for the continued proofs of their confidence and kindness which he has experienced in his arduous situation.

PART II.

In the two last annual reports an analysis of the particulars relative to the first thousand male and female admissions has been given. From tables filled up from the case books by Dr. Madden, the results are here given, viz.—the numbers of those, of both sexes, discharged, recovered, relieved, not improved, dead, and numbers remaining, in the different forms of insanity, and at different periods of life. The re-admissions are given separately.

The following table shows *the results*, in both sexes, in quinquennial periods, in two thousand cases:—

Age in 14 periods, of 870 males, and 871 females.	Recovered		Relieved.		Not Improved.		Died.		Remain- ing.		Male Cases.	Female Cases.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Under 20 years	17	21	1	5	7	2	12	4	16	7	53	39
From 20 to 25 years ..	16	33	3	13	6	6	17	15	24	31	66	98
„ 25 „ 30 „ ..	26	41	4	7	5	4	31	24	22	31	88	107
„ 30 „ 35 „ ..	26	42	9	9	7	7	34	27	22	28	98	113
„ 35 „ 40 „ ..	31	27	7	6	9	4	36	30	29	25	112	92
„ 40 „ 45 „ ..	21	33	5	6	8	4	39	26	27	33	100	102
„ 45 „ 50 „ ..	22	19	3	6	2	3	43	25	19	23	89	76
„ 50 „ 55 „ ..	26	15	6	4	1	3	23	25	10	17	66	64
„ 55 „ 60 „ ..	20	18	5	5	0	1	20	18	9	10	54	52
„ 60 „ 65 „ ..	28	19	6	9	1	0	21	23	5	9	61	60
„ 65 „ 70 „ ..	9	3	1	3	1	0	23	17	4	4	38	27
„ 70 „ 75 „ ..	7	4	5	4	0	0	10	18	5	4	27	30
„ 75 „ 80 „ ..	2	1	0	0	0	0	8	3	0	0	10	4
„ 80 and upwards	1	0	0	2	0	1	7	3	0	1	8	7
Total	252	276	55	79	47	35	324	258	192	223	870	871
Readmissions ..	106	112	19	13	5	4					130	129
Gross total	358	388	74	92	52	39	324	258	192	223	1000	1000

By comparing these results, it appears, that in the earliest period under 20 years, the males were more numerous than the females, and the mortality was greater by 13 per cent. amongst the males; the recoveries more (54 per cent.) among the females. In the next fifteen years, from 20 to 35 years, the females were more numerous and the recoveries were more, but the deaths continue to be more among the males. In the following six periods, from 35 to 70 years, the males were more numerous than the females, and the recoveries and the deaths were also more numerous than among the females. From 70 to 75 the

females were more numerous and the mortality was much greater amongst them, the recoveries being greater amongst the males at that period. In the two following periods the males were again more numerous and the mortality was greater amongst them. For the whole period the recoveries amounted, in the males, to 35.8 per cent., in the females to 38.8 per cent.; the cases relieved, in the males to 7.4 per cent., in the females to 9.2 per cent.; not improved, in the males to 5.2, in the females to 3.9 per cent.; the mortality in the males to 32.4, in the females to 25.8 per cent.; remaining 19.2 males and 22.3 per cent. females. The recoveries were 3 per cent. greater in the females than the males, and the mortality $6\frac{1}{2}$ per cent. greater in the males than the females. Authors state that insanity is, generally speaking, more curable in *women* than *men*. The most favourable *age* for recovery is between the 20th and 30th year, but few recover after the 50th year. Esquirol states that of 209 recoveries at Charenton, the greatest number of cases were from the 25th to the 35th year. Recoveries diminish progressively from the 45th year. The diminution is more abrupt in females and more gradual in males. Twenty men recovered after the 50th year, and four out of twelve lunatics, above 70; so that advanced age does not preclude hope.*

The forms of the disorder, in the two thousand cases, of both sexes, and at fourteen periods of life, were as follows:—

Age.	Mania.		Recurrent Mania.		Puerperal Mania.		Mono-mania.		Melan-cholia.		Dementia and Fatuity.†		Moral Insanity.		General Paralysis.		Delirium Tremens.		Idiocy.		Epilepsy.		Total.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Under 20 years ...	14	21	0	0			0	0	2	4	3	0	0	1	1	0	0	0	0	19	5	15	7	53	39
From 20 to 25 yrs.	16	34	5	5			6	0	2	10	27	1	5	0	0	0	0	1	0	13	4	20	15	66	98
„ 25 „ 30 ...	33	31	5	11			15	8	3	12	20	5	6	3	1	3	0	1	0	4	4	14	16	88	107
„ 30 „ 35 ...	34	41	7	7			9	7	4	9	25	7	8	4	2	13	4	6	0	2	3	9	10	98	113
„ 35 „ 40 ...	34	25	12	7			12	8	6	14	11	10	8	2	3	14	3	6	1	0	3	12	13	112	92
„ 40 „ 45 ...	38	37	5	6			8	4	4	12	28	6	7	1	0	15	4	4	0	1	2	14	6	100	102
„ 45 „ 50 ...	28	26	10	7			2	7	6	8	15	7	7	0	0	16	3	3	0	3	2	7	8	89	76
„ 50 „ 55 ...	18	23	12	5			0	6	3	14	20	4	8	0	0	5	2	1	0	3	0	3	3	66	64
„ 55 „ 60 ...	11	16	8	5			0	10	4	10	9	6	11	0	0	3	1	1	0	1	4	4	2	54	52
„ 60 „ 65 ...	17	21	4	3			0	2	3	27	22	8	11	1	0	0	0	0	0	0	0	2	0	61	60
„ 65 „ 70 ...	12	8	2	2			0	1	0	7	5	10	10	0	0	1	0	0	0	2	0	3	2	38	27
„ 70 „ 75 ...	4	7	8	1			0	1	2	4	3	5	16	0	0	2	0	0	0	0	0	3	1	27	30
„ 75 „ 80 ...	5	2	0	0			0	0	0	1	0	4	2	0	0	0	0	0	0	0	0	0	0	10	4
„ 80 & upwds.	1	1	0	0			0	0	0	0	0	7	6	0	0	0	0	0	0	0	0	0	0	8	7
Total	265	293	78	59			52	54	39	132	188	+80	105	12	7	72	17	23	1	48	27	106	83	870	871
Readmissions	27	63	32	67			7	9	3	26	30	1	2	8	1	5	0	19	0	1	1	2	5	130	129
Gross Total ...	292	356	110	126			59	63	42	158	218	81	170	20	8	77	17	42	1	49	28	108	88	1000	1000

* Copland's Medical Dictionary, vol. ii., p. 467.

† Nineteen cases of fatuity in males, and sixteen in females, after 60 years, and including all cases, eighty and upwards.

The forms of the disorder varied at the different ages, as shown in the table, and also in the sexes. In early life idiocy (not complicated with epilepsy) and epilepsy prevailed amongst the males, nearly two-thirds of the cases being of these classes, as might be expected,—the one being congenital, and the other usually a disease originating in early life; whilst amongst the females, at the earlier periods, mania was the most prevalent form, and the cases of idiocy and epilepsy were not half so numerous as in the males. The reverse of this is stated. “Before the age of seven years the influence of sex is not apparent, but after that age epilepsy is most common in females. On the 31st December, 1831, there were 162 male epileptics at the Bicetre, and 389 female epileptics at the Salpêtrière. J. Frank found that of 75 epileptic patients, 40 were females. The greater proportion of females is to be accounted for by the increased irritability of their nervous system.”* The annual reports of this institution have shown a preponderance of male epileptics. The greater size of the head of the male fœtus, and consequently the greater difficulty and liability to injury in parturition, renders the males more liable to convulsive diseases in early life. On the 31st December, 1862, of 71 epileptics, 38 were males. From 25 to 55 mania was the most prevalent form of insanity in both males and females. Melancholia was most common in males from 60 to 65, in females from 20 to 35, and in females from 40 to 45; on the whole it was most frequent in females. Monomania was more common in males than females from 25 to 60. Dementia occurred from 30 to 60, after which cases of fatuity were included—it prevailed most among females. Cases of general paralysis occurred from 30 to 60, and was four times greater amongst males than females; delirium tremens occurred from 35 to 45, and was almost exclusively confined to males; and the readmissions of these patients, once affected with delirium tremens, were in a large proportion to their numbers. The other cases of readmissions were chiefly cases of recurrent mania, and of melancholia. The cases of mania and recurrent mania were the most numerous in both sexes, but most so in the females, which is contrary to received opinions, as it is stated to be more common in males than females, and to assume a more acute or violent form in the former than in the latter.† As a

* Library of Medicine, vol. ii., p. 165.

† Copland's Medical Dictionary, vol. ii., p. 459.

general rule the observation of Esquiral holds good, that insanity might be divided, "relative to ages, into imbecility for childhood, mania and monomania for youth, melancholy for consistent age, and into dementia for advanced life."

The forms of insanity have been classified under the following heads:—

1. Ordinary mania.
2. Recurrent or periodical mania, with comparatively lucid intervals.
3. Puerperal mania.
4. Monomania.
5. Moral insanity, described first by Dr. Prichard, and defined by him as consisting in "a morbid perversion of the feelings, affections, and active powers, without any illusion or erroneous conviction impressed upon the understanding." There are many persons living at large, in *easy circumstances*, and are reputed of singular, wayward, and eccentric character, who are affected, in a certain degree, by this modification of insanity.
6. Melancholia.

The three last mentioned forms,—monomania, moral insanity, and melancholia, are sometimes comprehended under the term *partial insanity*.

7. Dementia or incoherency, and fatuity, or decay and obliteration of the intellectual faculties.
8. Congenital idiocy and imbecility.
9. Epilepsy.
10. Delirium tremens.

Mania, or general insanity, affects all the operations of the mind. Maniacs are incapable of carrying on, in a collected manner, any process of thought, their disorder becoming apparent whenever they attempt to enter into conversation,—their ideas are hurried and confused, they are vehement and excited, restless and absurd. The excitement becomes less as the disorder becomes chronic, but the false impressions as to matter of fact, or illusions and hallucinations, exist or change, and they are incapable of self control or continued rational conversation; this is the most numerous class in asylums, although it is also the one in which there are most recoveries. In addition to the numerous cases of ordinary chronic mania, there are also some chronic cases of what is defined as *intermittent mania*, attended with lucid intervals, which may continue for weeks, but the patients are subject to paroxysms of raving madness.

The following is a table of the results, obtained in this institution, in cases of mania and recurrent mania, in decennial periods, in 1000 males and 1000 females:—

Age.	Forms of Insanity.	Recovered.		Relieved.		Not Improved.		Died.		Remaining.		Total.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 20 years ..	Mania	12	17	0	2	0	1	1	0	1	1	14	21
From 20 to 30 ..	Mania	23	21	2	6	7	4	9	11	8	23	49	65
	Recurrent ..	6	6	0	3	0	2	3	1	1	4	10	16
„ 30 „ 40 ..	Mania	20	22	6	3	7	2	21	20	14	19	68	66
	Recurrent ..	10	7	2	2	0	0	2	1	5	4	19	14
„ 40 „ 50 ..	Mania	21	22	2	8	3	3	24	12	16	18	66	63
	Recurrent ..	4	4	0	0	3	1	4	2	4	6	15	13
„ 50 „ 60 ..	Mania	11	10	2	2	0	1	12	14	4	12	29	39
	Recurrent ..	13	6	1	1	0	0	3	0	3	3	20	10
„ 60 „ 70 ..	Mania	13	10	2	5	0	0	13	9	1	5	29	29
	Recurrent ..	4	2	1	0	0	0	0	3	1	0	6	5
„ 70 & upwds.	Mania	4	3	0	2	0	0	5	3	1	2	10	10
	Recurrent ..	3	0	2	0	0	0	1	1	2	0	8	1
Readmissions		49	74	8	7	2	0					59	81
Total		193	204	28	41	22	14	98	77	61	97	402	433

Hence it appears that mania, occurring in early life, is very curable; under 20 years of age, 86 per cent. of the males recovered, 7 per cent. died, and 7 per cent. remained under treatment. Of the females, at the same period, as many as 91 per cent. were discharged recovered and relieved; 4.5 per cent. not improved; and 4.5 per cent. remaining. There were no cases of recurrent mania at this period. At the next period, from 25 to 30 years, there was a falling off of a third in the proportion of recoveries, which were more numerous in males than females. In the next decennial period, from 30 to 40, the recoveries were slightly greater in the females, amounting to a third, not including those relieved; the mortality was high—30 per cent. In the next decennial period, from 40 to 50, the recoveries were much the same as in the preceding one, and the mortality was highest in the males, amounting to 36 per cent.; about half that amount in the females. In the three remaining periods the recoveries were 41 per cent. in the males, and 30 per cent. in the females; the mortality was 44 per cent. in the males, and 33 per cent. in the females. For the whole period of life, including the cases of recurrent mania, the recoveries amounted to 48.1 per cent. in males, and 47.1 per cent. in females; the relieved to 6.1 per cent. in males,

and 9.5 per cent. in females; not improved to 6.6 per cent. in males, and 3.2 per cent. in females; the deaths to 24.2 per cent. in males, and 17.8 per cent. in females; and remaining 15 per cent. males, and 22.4 females. The readmissions were 15.7 per cent. in males, and 18.7 per cent. in females. In comparing the number of manias, of each sex, we find the females more numerous, viz.:—40.2 per cent. males, and 43.3 per cent. females, which is contrary to experience in France; superadded to these were 52 cases of puerperal mania, occurring at three decennial periods, from 20 to 50,—of these 36 recovered, 6 died, and 10 were discharged not improved.

The results obtained in those suffering from partial insanity, including monomania, moral insanity, and melancholia, in the 1000 males, and 1000 females, were as follows:—

Age.	Forms of Insanity.	Recovered.		Relieved.		Not Improved.		Died.		Remaining.		Total.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 20 years ..	Monomania ..	0	1	0	0	0	0	0	0	0	1	0	2
	Moral Insanity ..	1	1	0	0	0	0	0	0	0	0	1	1
	Melancholia ..	2	2	1	0	0	0	0	1	1	0	4	3
From 20 to 30 ..	Monomania ..	2	1	1	1	1	0	2	1	2	2	8	5
	Moral Insanity ..	1	1	0	0	1	0	1	0	0	0	3	1
	Melancholia ..	7	24	1	4	0	2	5	5	9	12	22	47
,, 30 ,, 40 ..	Monomania ..	5	6	1	0	1	0	1	0	7	4	15	10
	Moral Insanity ..	5	2	0	1	0	0	1	0	0	2	6	5
	Melancholia ..	8	15	0	3	3	2	5	7	7	9	23	36
,, 40 ,, 50 ..	Monomania ..	3	2	2	0	2	1	3	2	1	5	11	10
	Moral Insanity ..	0	0	0	0	0	0	0	0	1	0	1	0
	Melancholia ..	8	20	1	1	0	0	5	10	6	12	20	43
,, 50 ,, 60 ..	Monomania ..	4	3	5	0	0	0	4	3	3	1	16	7
	Melancholia ..	15	12	1	2	0	1	5	9	3	5	24	29
,, 60 ,, 70 ..	Monomania ..	3	1	0	0	0	0	0	1	1	1	4	3
	Melancholia ..	16	9	2	4	1	0	13	10	2	4	34	27
,, 70 & upwds.	Monomania ..	0	0	1	1	0	0	0	1	0	0	1	2
	Melancholia ..	2	0	0	0	0	0	2	2	1	1	5	3
Readmissions		35	32	3	1	1	1	0	0	0	0	39	34
Total		117	132	19	18	10	7	47	52	44	59	237	268

In the first period, under 20 years, there were not many cases of the three forms of the disorder, classed under the head of partial insanity; but at the next period, from 20 to 30, when the feelings and affections are fully developed, the cases were numerous amongst females. In the next period, from 30 to 40, the numbers were more nearly equal between the sexes, but still greatest amongst females; and again, from 40 to 50, the proportion of females was much greater than of

males,—the cases of melancholia being more than double. After 50 these cases rapidly diminished in number, especially amongst females,—the number amongst the males gradually exceeding those of the females at the later periods of life; on the whole the females were more numerous than males.

The recoveries were—males 49.5, females 49.2 per cent.; relieved, males 8.1, females 6.7 per cent.; not improved, 4.2 males, females 2.6 per cent.; died, males 19.7, females 19.4 per cent.; remaining, males 18.5, females 22.1 per cent. The readmissions were—males 16.4, and females 12.7 per cent. The readmissions in the cases of monomania were five males and three females, making the total number of 59 males and 42 females,—or, 5.9 and 4.2 per cent. respectively; so that this form of insanity is not of very frequent occurrence, the term being applied to cases in which the intellectual faculties are unimpaired, except with relation to some particular topic. Unless the power of reasoning correctly on subjects unconnected with the illusion is retained, the disorder is not a case of monomania. A common illusion of monomaniacs is, that they hold conversation with spirits. In many cases of partial insanity, melancholia connects itself with the subject of delusion;—these cases have been classed as melancholia.

Esquirol states that the monomaniac is gay, petulant, rash, audacious, in contra-distinction to the melancholic or lypemaniac, who is sorrowful, calm, diffident, and fearful. He considers that authors have not observed the difference between monomania and mania, because of the excitement, susceptibility, and fury of some monomaniacs; they have confounded monomania with melancholy, because that in both one and the other, the delirium is fixed and partial. He considers the delirium in melancholia to depend upon some abdominal lesion, and in monomania on some abnormal condition of the brain.

Foville considers monomania excessively rare, and has seen but two or three monomaniacs either at the Saltpetriere, or St. You (Rouen). Partial delirium, says Esquirol, is a phenomenon so remarkable, that the more we observe it, the more are we astonished, that a man who feels, reasons, and acts, like the rest of the world, should feel, reason, and act no more like other men, upon a single point. Dr. Prichard says that monomania, applied to moral and instinctive insanity, without lesion of the reasoning powers, does not correspond, in our acceptation of it, with the word mania, which presents to the mind the idea of intellectual disorder.

Moral insanity occurred before the middle period of life, the cases are few, 18, out of which 11 recovered; this form of insanity is often associated with mania, or delirium tremens. It is stated to be characterized by a total want of self-control, with an inordinate propensity to excesses of various kinds, among others habitual intoxication (dypsomania). This is often followed by an attack of mania, which speedily subsides when the patient is confined, but is generally reproduced by the same exciting cause soon after he is discharged. Among the female inmates there are some whose disorder principally consist in a moral perversion, connected with hysterical or sexual excitement, and in one case especially this is very remarkable.

The symptomatic classification of insanity, although it does not meet the philosophical views of many modern writers, for practical purposes it is the most convenient, as all the physician can do in insanity, as in diseases generally, is to watch and treat the symptoms as they become manifest.

Melancholia is the most common form of partial insanity, and there have been 132 males and 188 females; of these 58 males and 82 females were discharged recovered; 6 males and 8.14 females relieved; 4 males and 5 females not improved; 35 males and 44 females died; 29 males and 43 females remaining.

Some of this class of patients have no disorder of the understanding and manifest no delusion, but merely suffer from lowness of spirits, with a total indifference to the concerns of the world; some with strong suicidal propensities; in a few cases this state alternates with a buoyancy of spirits and state of excitement. It is very frequently difficult to determine in what degree melancholia, when it exists without delusions, constitutes insanity: many sad cases are retained as a precaution against suicide, to which they are prone, from a disgust to life. Many complain of gastric uneasiness, and fancy that there are devils put in their inside; others fancy they have no inside, and require "forced alimentation," and are treated for dyspepsia; recovery in such cases has often taken place.

The man who recently committed suicide in this house, by making an opening into his abdomen with a piece of glass, and drawing out the small intestines, said he did it to let the wind out, and that he felt no pain; he lived for ten hours after. He had no organic disease. In the second case of suicide in 1862, also a man in a state of melancholia, was haunted with the idea that people were watching him; that he had committed some very grave offence, which he would

not impart to any one. Other melancholics fancy some unreal misfortune,—are convinced that they have committed unpardonable offences, and are doomed to perdition. Some fancy they are watched by the people, being suspected of some heinous crime. Esquirol is of opinion that attempts at self-destruction are voluntary, and not the effect of irresistible impulses, as some suppose.

Dementia, or incoherence, is that form of insanity in which the powers of the mind have been lost, and in that respect it differs from idiocy and imbecility, in which they have never been developed. It is sometimes a primary disorder, but more frequently a sequence of mania, also of epilepsy, apoplexy, and other affections of the brain. Out of 235 cases given by Esquirol, 12 occurred before the age of 20 years, and near two-thirds from the age of 40 and upwards; and the same author gives as the most common physical causes, critical period, progress of age, and moral causes, political shocks, and domestic trials.

The cases of fatuity have been here classified, with those of dementia, as it is the usual form of insanity in advanced life.

The following were the results, in decennial periods, in a thousand males and a thousand females:—

Age.	Forms of Insanity.	Recovered.		Relieved.		Not Improved.		Died.		Remaining.		Total.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 20 years ..	No Cases ..	..	..	..	..	..	..	..	..	..	..	..	..
From 20 to 30 ..	Dementia ..	0	1	1	0	1	0	0	2	4	8	6	11
„ 30 „ 40 ..	Dementia ..	0	3	1	0	1	2	10	7	5	4	17	16
„ 40 „ 50 ..	Dementia ..	0	0	0	1	0	1	9	6	4	6	13	14
„ 50 „ 60 ..	Dementia ..	0	2	1	2	0	2	7	9	2	4	10	19
„ 60 „ 70 ..	Dementia and Fatuity ..	0	0	0	2	1	0	13	16	4	3	18	21
„ 70 & upwds.	Dementia and Fatuity ..	0	2	1	2	0	1	14	17	1	2	16	24
Readmissions		1	0	1	1	0	1	0	0	0	0	2	2
Total		1	8	5	8	3	7	53	57	20	27	82	107

Of these 189 cases, none occurred before the age of 20; and only six from 20 to 25; as age advances the numbers gradually increase to the latest period of life, and in this respect it differs from every other form of insanity. The few recoveries that occurred were entirely confined to females, amounting to about 7 per cent. The mortality amounted to 66.6 per cent. in the males, and 54.3 per cent. in the females. The proportion of dementia and fatuity, to the other forms of insanity,

was 8 per cent. in the males, and 10.5 per cent. in the females. This proportion is much greater amongst those remaining in the asylum, as many of the patients admitted under other forms of insanity, have since fallen into a state of dementia. Esquirol divides dementia into three varieties—acute, chronic, and senile. The acute, he finds, results from fever, hemorrhage, metastasis, suppression of habitual evacuations, &c., and is curable. The second, chronic dementia, is generally consecutive to the various forms of insanity, and is very rarely cured. The third, senile dementia, results from the progress of age.

General paralysis of the insane was first described by Esquirol; it is distinct from ordinary paralysis and from insanity. The paralytic symptoms sometimes precede those of mental disturbance, which is to be accounted for by the spinal marrow being frequently the seat of the disease. When inflammation first occurs in the spinal marrow, the paralytic symptoms manifest themselves first, and when the inflammation extends to the brain, the mental derangement follows; generally the mental derangement first appears, and the paralytic symptoms follow, in which case the inflammation of the cerebral membranes precedes that of the spinal cord, as frequently observed in this institution, and stated in the earlier reports. Writers have stated that general paralysis is often the result of intemperance, and seldom occurs in females. It is stated to be incurable, and speedily fatal, seldom of longer duration than two or three years.

Calmeil observed three degrees in the general paralysis of the insane, in the first, an impediment in the articulation in the movements of the tongue, a sort of mumbling and stammering in speaking, the mobility of the limbs not impaired. In the second degree, the symptoms of the first period are increased in intensity; scarcely a word is pronounced distinctly. When he attempts to walk he raises himself slowly, and like a child, seems to balance himself before he moves off, and has a tottering gait. The upper extremities display less the effects of paralysis, and when in bed he is able to move all the extremities. In the third stage nothing is more deplorable, he can neither feed himself nor answer the calls of nature, neither can he articulate; in the last stage he is reduced to a state of mere vegetation, his existence being a kind of slow death.

Amongst the two thousand cases, under consideration, the earliest period at which general paralysis occurred was from 25 to 30, and three males died. From 30 to 40, there were 27 males and 7 females, of whom 23 males and 5 females died.

From 40 to 50, there were 31 males and 7 females, of whom 25 males and 7 females died. From 50 to 60 and upwards, there were 11 males and 3 females, of whom 9 males and 3 females died. The total numbers were 72 males and 17 females, and the deaths 60 males and 15 females.

The head is generally large and well formed in these cases.

The form of the head in idiots is generally defective, either too large or too small—sometimes the two sides of the cranium are unequal. Congenital idiocy and congenital imbecility are classed together; in the first the faculties have never been developed, the other is the result of some original defect which rendered the mind feeble in all its operations, although not altogether incapable of exercising them within a limited sphere.

Epilepsy is complicated with defects or disorders of the mind in various ways, with idiocy, imbecility, dementia, melancholia, and mania, and sometimes with raving madness, and these last are perhaps the most troublesome cases in an asylum.

In the official returns required periodically to be forwarded by the unions to the authorities, only two forms of insanity are recognised, under which all the pauper lunatics are classified, namely—lunatics and idiots. The former include mania, partial insanity, and dementia; the epileptics, for reasons above stated, are divided between these two classes, and the idiots and imbeciles are included in the latter.

The following table includes the idiots and epileptics at each period, in both sexes, in two thousand cases:—

Age.	Forms of Insanity.	Recovered.		Relieved.		Not Improved.		Died.		Remaining.		Total.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 20 years ..	Idiocy	0	0	0	1	5	0	6	1	8	3	19	5
	Epilepsy	2	0	0	2	2	1	5	2	6	2	15	7
From 20 to 30 ..	Idiocy	0	0	2	0	0	1	7	4	8	3	17	8
	Epilepsy	1	5	0	3	1	1	18	13	14	9	34	31
„ 30 „ 40 ..	Idiocy	0	0	1	2	1	2	0	1	0	1	2	6
	Epilepsy	0	1	5	2	2	2	6	12	8	6	21	23
„ 40 „ 50 ..	Idiocy	0	0	0	1	0	0	0	2	4	1	4	4
	Epilepsy	2	0	2	1	2	1	10	10	5	2	21	14
„ 50 „ 60 ..	Idiocy	0	0	0	0	0	0	1	3	3	1	4	4
	Epilepsy	0	0	1	2	0	0	5	2	1	1	7	5
„ 60 „ 70 ..	Idiocy	0	0	1	0	0	0	1	0	0	0	2	0
	Epilepsy	1	0	1	1	0	0	3	1	0	0	5	2
„ 70 & upwds.	Idiocy	0	0	0	0	0	0	0	0	0	0	0	0
	Epilepsy	1	0	1	1	0	0	1	0	0	0	3	1
Total ..	Idiocy	0	0	4	4	6	3	15	11	23	9	48	27
	Epilepsy	7	6	10	12	7	5	48	40	34	20	106	83

There were 75 cases of idiocy, exclusive of those cases complicated with epilepsy which have been included with the 189 cases of epilepsy.

The recoveries in epilepsy were 6.6 in the males and 7.1 in the females; the cases relieved 10 per cent. in males and 14 per cent. in females; the mortality in epilepsy was 45.5 per cent. in males and 48.3 per cent. in females. The mortality in idiocy was 31.2 per cent. in males and 40.8 per cent. in females; showing that the mortality—contrary to what it has been in the other forms of insanity—has been higher in females than males, in both idiocy and epilepsy.

Delirium tremens is usually considered a specific disease. It was considered by old writers under the names of “Phrenzy,” “Demonomania,” “Mania á Potu,” “Oinomania.” It is the result of intemperance, and frequently follows the use of spirituous liquours in small quantities, popularly termed *tippling*. It is not a disease of long duration but terminates for the most part either in death or in recovery. There have been 23 males and 1 female so affected, and of these 15 males recovered and 3 died.

According to the experience of this institution mania was the most prevalent form of insanity, including recurrent and puerperal mania, amounting to 34.3 in males and 40.4 per cent. in females. Partial insanity which includes monomania, moral insanity and melancholia, 19.8 in males and 23.4 per cent. in females. Dementia and fatuity 8 in males and 10.5 per cent. in females. General paralysis 7.2 in males and 1.7 per cent. in females. Idiocy and epilepsy 15.4 in males and 11 per cent. in females. Delirium tremens 2.3 in males and 1 per cent. in females. Readmissions 13 in males and 12.9 per cent. in females; more than half—54.1 per cent. of these readmissions were cases of recurrent mania.

Cases under Treatment in each Quarter of the Year, 1862.

The numbers that came under medical treatment in the first quarter, January, February and March, were 46 males and 41 females; of these, 8 males and 14 females suffered from epilepsy; chorea, 1 male; paralysis, 3 males; general paralysis, 10 males and 2 females; cachexy, 1 male and 4 females; asthma, 3 males and 3 females; influenza, 2 males and 3 females; pulmonary tubercles, 3 males and 3 females; scrofula, 2 males; abscess, 1 female; dysentery, 1 female; dyspepsia, 1 female; hæmatemesis, 1 female; gastritis, 1 female; rheumatism, 2 males and 1 female; synovitis, 1 male and 1 female; carbuncle, 2 males; burn, 1 female; ulcerated

legs, 3 males and 3 females; caries of the tibia, 1 male; dislocation of the humerus, 1 male; tinea capitis, 2 males.

In the second quarter, including April, May and June, there were 42 males and 46 females under medical treatment, for acute arachnitis, 1 male; delirium tremens, 1 male; chorea, 1 male; epilepsy, 10 males and 17 females; for paralysis, 2 males; and for general paralysis, 7 males and 2 females; for asthma and bronchitis, 5 males and 6 females; for pneumonia, 2 males and 1 female; for pulmonary tubercles, 3 males and 3 females; for scrofula, 2 males; for dropsy, 1 male; cancer, 1 female; for diarrhœa, 1 female; for abscess, 2 females; pycæmia, 1 male; synovitis, 1 male and 1 female; for rheumatism, 1 male; fever, 1 male and 3 females; herpes, 1 male; lupus, 1 female; cachexy, 2 males and 7 females; amenorrhœa, 2 females.

In the third quarter, July, August and September, there were 46 males and 50 females under medical treatment, of these 6 males and 1 female had paralysis and general paralysis; 1 male, chorea; 1 female, convulsions; 8 males and 19 females, epilepsy; 1 male had pneumonia; 8 males and 6 females, bronchitis and asthma; 3 males and 3 females, pulmonary tubercles; 2 males, scrofula; 1 female, hæmorrhoids; 1 male, hæmaturia; 1 male, gleet; 2 females, amenorrhœa; 1 female, diarrhœa; 1 male and 2 females, fever; 1 male, a contusion; 1 male, rheumatism; 1 male, a burn; 3 males and 3 females, boils; 5 males and 3 females, ulcerated legs; 3 males and 6 females, cachexy; 1 female, lupus.

In the last quarter, including October, November and December, there were 57 males and 54 females under medical treatment, 9 males and 20 females for epilepsy; 6 males for paralysis, and 8 for general paralysis; 1 male for chorea; 2 males for arachnitis; for asthma, bronchitis and influenza, 6 males and 5 females; for pulmonary tubercles, 3 males and 2 females; for scrofula, 3 males and 1 female; for dyspepsia, 2 males and 1 female; for hernia, 3 males; for painters' colic, 2 males; for cynanche tonsillaris, 1 female; for fever, 3 females; for phlebitis, 1 female; for chlorosis, 2 females; for ulcers, 4 males and 5 females; for synovitis, 1 male and 1 female; for fractures, 2 females, one of clavicle and one of forearm; for caries, 1 male; for cachexy, 4 males and 8 females; for skin eruptions, 1 male and 2 females.

There was rather less sickness on the whole than in the year preceding, a larger proportion of the cases were of *general paralysis*, and the mortality was consequently greater than it would otherwise have been, especially in the first quarter.

TABLES showing the age and the number of fits by day and

MALES.

EPILEPTIC MALES.		January 1 to 31.		Feb. 1 to 28.		March 1 to 31.		April 1 to 30.		May 1 to 31.		June 1 to 30.		July 1 to 31.		Aug. 1 to 31.		Sept. 1 to 30.		Oct. 1 to 31.		Nov. 1 to 30.		Dec. 1 to 31.		WHOLE YEAR.	
Age		D.	N.	D.	N.	D.	N.	D.	N.	D.	N.	D.	N.	D.	N.	D.	N.	D.	N.	D.	N.	D.	N.	D.	N.	D.	N.
A. A. T.	
B. J.	
B. S.	
B. A.	
B. J.	
B. W.	
Bu. W.	
Bur. J.	
B. B.	
C. F.	
C. E.	
D. H.	
D. J.	
E. W.	
E. F.	
E. C.	
F. P.	
G. D.	
G. H.	
H. J.	
H. W.	
H. C.	
H. H.	
J. W.	
J. E.	
K. A.	
L. C.	
M. B.	
M. W.	
N. E.	
N. B.	
P. C.	
P. J.	
R. W.	
R. T.	
S. T.	
S. J.	
T. T.	
Th. T.	
W. G.							

From the tables it appears there were 42 males and 33 females. Two males were discharged; one recovered, and one relieved, and two males died during the year. No change took place amongst the females. The number of fits, 4985 amongst the males, and 4535 amongst the females; of these, the males had 3123 by day, and 1854 by night; and the females 3253 by day, and 1282 by night. The average for the year, being for the males, 118.6, and for the females, 137.4. Epilepsy is therefore more severe, and the mortality has been shown to be more in females than males. The greatest number of fits occurred amongst the males in the three last months of the year, and amongst the females in October, July, and November. This does not correspond as to the period of the year, but as to the frequency of the fits, the females have preponderated.

It has been found necessary to give several of the epileptic females, who were in a cachectic state, cod liver oil; their general health has improved, but little, if any effect has been produced on the frequency or duration of the fits. The hydriodate of potash has also been given in numerous cases without any benefit. The man who was discharged recovered, took tincture of sumbul, in drachm doses, twice a day for several months. His case was one of great severity. His age, 39. The fits came on suddenly without the slightest warning; he fell down and knocked himself about and everything in his way; he slept on two or three mattresses placed on the floor. He was admitted in January, 1861; his illness then of 18 months' duration—no cause assigned. There was no appreciable change (except that his bodily health was improved) until November following, when his fits were reported as less severe and of shorter duration. The tables shew he had no fits after the month of March, 1862; he was discharged in July, and has been reported as continuing well at the commencement of the present year, 1863. He had never any medicine specially for his fits, but the tincture of sumbul.

ANALYSIS OF THE TABLES.

The recoveries have been more numerous than in any former report, upwards of 60 per cent. on the admissions in the year; they amount to 101, as shown in the 1st table, and half of these were sent early in the first month of their illness. The average duration of treatment was in the males, $12\frac{2}{3}$ months, and in the females, $15\frac{4}{5}$ months; in

succeeding periods, after the first month, the average was in the males, $18\frac{3}{8}$, and in the females, $17\frac{3}{4}$ months. More than half the recoveries in the males, and two-thirds in the females, were cases of mania; and one-fourth were cases of melancholia. The most frequent cause, as usual, was hereditary pre-disposition; next in frequency, intemperance in males; critical period in females, and next previous illness.

The admissions in Table II. were 168 (which is 26 less than in the preceding year), of these 89 were males and 79 females; 76 per cent. males, and 72 per cent. females were sent from their homes; 20 per cent. males, and 22 per cent. females from workhouses; and 4 per cent. males and 6 per cent. females from other asylums and gaols. The results of the cases admitted during the year were—recovered, 24 per cent. males and females; relieved, 3 per cent. males; dead, 12 per cent. males, and 5 per cent. females; remaining, 61 per cent. males, and 71 per cent. females.

From Table III. it appears that the greatest number of patients in the house was in the month of November, amounting to 494; the average monthly number during the year, was 226 males, 244 females; total, 470. The greatest number of admissions was in May (14), and September (13), in the males; and in June (10), and August (12), in the females. The greatest number discharged was in May (14), and December (12). The greatest number of deaths was in January, 10 males and 1 female, and next in March, 5 males and 3 females. The number of patients remaining on 31st December was 482. The number of epileptics, remaining on the same date, was 38 males and 33 females; the average number of fits in the males was, for the whole year, 118, and for the females, 137. The average number of violent cases was 5 males and 4 females, of destructive, 6 males and 11 females; the average weekly number in seclusion, 3 males and 2 females. The average number under medical treatment, 68. Attending Divine Service 255; about one-half were employed, the remainder were infirm or otherwise incapable of employment.

The period of life at which there were most admissions was from 40 to 45, as shown in Table IV.; 10 females were admitted from 20 to 25, and the same number of females from 25 to 30; and 23 males were admitted in the two periods from 25 to 35. From 50 to 60 there were 22 males and 14 females admitted, and after that age 15 of each sex. The married males were most numerous, and single females were

much more numerous (57 per cent.) than the married, which were $30\frac{1}{4}$ per cent. Of the males 61 per cent., and of the females 62 per cent., were labouring under a first attack. Agricultural labourers amounted to one-third of the males admitted; domestic servants, labourers' wives, and those engaged in household work, formed half the admissions amongst females, as shown in Table V. The bodily health was good in a larger proportion of the females than the males, as shown in Table VI. It was good in 25 per cent. of those admitted of both sexes, bad in $31\frac{1}{2}$ per cent., and indifferent in $43\frac{1}{2}$ per cent. The bodily health was good in 41 per cent, bad in 20 per cent., and indifferent in 39 per cent. of those remaining of these admissions, at the end of the year. The religion of the three-fourths of those admitted was of the Church of England, as shown in Table VII. One half were able to read and write,—more than a fourth had received no education.

The physical causes, as usual, were most predominant, as shown in Table VIII. The moral causes prevailed more in females than males; 26 per cent. males, and $30\frac{1}{2}$ per cent. females, were from moral causes; 74 per cent. males, and $69\frac{1}{2}$ per cent. females, from physical causes: of these hereditary pre-disposition, disease of the nervous centres and previous illness were most frequent, and there were 11 cases of fatuity or natural decay.

Of the forms of the disorder as shown in Table IX, mania, as usual was the most common, $50\frac{3}{4}$ per cent.; dementia and general paralysis $12\frac{1}{4}$ per cent.; partial insanity, monomania, melancholia, and delirium tremens 29 per cent.; and idiocy and epilepsy 8 per cent.

The duration of the existing attack, with reference to the result, is shown in Table X. Nearly 61 per cent. males, and $58\frac{1}{2}$ per cent. of females, were not of more than three months' duration; and of these $35\frac{1}{4}$ per cent. males, and $39\frac{1}{2}$ per cent. females, recovered; $7\frac{1}{2}$ per cent. males, and $4\frac{1}{4}$ per cent. females, died; and $57\frac{1}{2}$ per cent. males, and $56\frac{1}{4}$ per cent. females, remained under treatment. Of the remaining 39 per cent. males and $41\frac{1}{2}$ per cent. females, 9 per cent. males and $3\frac{1}{2}$ per cent. females, recovered; 20 per cent. males and $6\frac{1}{4}$ per cent. females, died; and 71 per cent. males and 90 per cent. females continued under treatment, thus showing the advantage of early treatment in cases of insanity.

The annual admissions, distinguishing the readmissions for each year since the opening of the asylum, are shown in Table XI. The total discharges and the numbers remaining

from each year are also shown. The new cases have been 87, and the readmissions or relapsed cases 13 per cent. The total recoveries during the whole period were upwards of $39\frac{1}{4}$ per cent., nearly 4 per cent. greater in females than in males; the cases relieved $7\frac{1}{2}$, not improved $4\frac{1}{4}$, and dead 28 per cent. for the whole period of fifteen years; the mortality has been upwards of 7 per cent. greater in males than in females. The numbers remaining under treatment $20\frac{3}{4}$ per cent., 3 per cent. more in females than in males.

SUMMARY OF THE OBITUARY FOR 1862.

The mortality has been below the average, two less than last year, which was considerably less than in 1862, it is curious that amongst the males the deaths have been precisely the same, 29 during the last three years; the falling off being amongst the females, of whom only 12 died in 1862. In the first quarter 17 males and 4 females died, in the second quarter 4 males and 4 females, in the third quarter 5 males and 3 females, and in the fourth quarter 3 males and 1 female. Half the mortality for the year has been in the first quarter, especially amongst the males, of whom ten died in the month of January alone; in the last quarter there were but four deaths. Of these 19 males and 9 females died in the forenoon, 9 males and 3 females died in the first six hours, and 10 males and 6 females in the second six hours; 10 males and 2 females died in the afternoon, 5 males died between 1 and 6 p.m., and 5 males and 1 female between that hour and midnight, and one female at midnight. Seven males and two females died within a month of their admission. The time under treatment varied in the males from 4 to 5250, and in the females from 15 to 552 days, the average duration for the males was 411, and for the females 378 days.

Age and Civil State.—Three males and two females were 30 years and under, six males and one female from 30 to 40, three males and five females from 40 to 50, three males and two females from 50 to 90, eight males and one female from 60 to 70, six males and one female from 70 to 80. Six males and seven females were single, sixteen males and three females were married, and seven males and two females widowed.

Form of mental disorder on admission.—Ten males and 5 females were in a state of mania; 1 male, and 3 females in a state of melancholia; 3 males in a state of dementia; 8 males, and 2 females in a state of general paralysis, combined with mania in 3 males and 1 female; monomania in 2 males;

melancholia in 2 males and 1 female; and dementia in 1 male; 4 males were in a state of epilepsy, combined with mania in 2, and dementia in 2; there were 2 cases of idiocy in males, and in 1 female; and 1 male was in a state of senile fatuity.

The bodily condition on admission was good in 5 males, indifferent in 9 males and 5 females, bad in 15 males and 7 females. *The number of attacks*;—in 22 males and 8 females, it was the first attack; in 5 males and 1 female, the second; and in 1 male and 1 female, the third; in 1 female, fifth attack; and 1 male and 1 female the number of the attack was not known.

The duration of the disorder was under three months in 4 males and 2 females, from three to six months in 1 male and 1 female, from six to twelve months in 5 males and 2 females, from one to two years in 5 males and 1 female, from two to four years in 3 males and 3 females, from four to ten years 3 males and 1 female, 1 male twenty-six years, 2 males and 1 female, several years, from birth in 2 males and 1 female, in 3 males, duration not known. The ascribed *causes* were congenital in 2 males and 1 female, hereditary pre-disposition in 4 males and 2 females, cerebral disease in 2 males and 1 female, previous illness in 5 males and 1 female, injury in 3 males, intemperance in two males, destitution in 2 males and 1 female, jealousy in 2 males, remorse in 1 female, disappointed affection in 3 females, no cause assigned in 7 males and 2 females.

The assigned causes of death were—in 10 males and 6 females, arachnitis and meningitis; in 2 males there were cerebral tumours, and in 2 males cerebritis; in 6 males and 1 female myelitis (general paralysis), atrophy of the brain in 1 male, pleuro-pneumonia in 2 males, lobular pneumonia in 1 female, pneumonia in 5 males and 2 females, asthma in 2 males and 3 females, influenza in 1 male and 2 females, hydrothorax in 1 male and 2 females, gangrene of the lung in 3 males, pulmonary phthisis in 4 males and 2 females, pulmonary apoplexy in 1 male, nephritis in 1 male; dysentery in 2 females, enteritis in 3 females, and cancer of the womb in 1; suicide in two males, one from hæmorrhage, the other from injury to the abdomen and intestines.

APPEARANCES AFTER DEATH, AND WEIGHT OF THE PRINCIPAL ORGANS IN 28 MALES AND 12 FEMALES.

In 1 male there was no autopsy. *Head and Spine*.—Pus beneath the scalp in 1 male; the skull was unusually thin

in 1 male and 1 female, and unusually thickened in 1 female; the dura mater was preternaturally adherent to the skull in 12 males and 2 females; the arachnoid opaque and thickened in 9 males and 4 females; more fluid than natural in the cerebral ventricles in 10 males and 7 females. The brain was softer than natural in 5 males and 1 female, and firmer than natural in 5 males, it was red in 2 males and 1 female; congestion of blood in the cerebral veins in 5 males and 3 females, tumours in the brain in 2 females, old apoplectic clots and rusty deposits in 2 males and 1 female, atheromatous deposits in the cerebral arteries in 3 males, atrophy of the convolutions in 3 males and 2 females, inequality in the hemispheres in 1 male, the right 1 ounce heavier than the left cerebral hemisphere (case of idiocy and paralysis); the weight of the encephalon varied in 28 males, from 33 to $54\frac{3}{4}$ ounces, and in 12 females from $33\frac{1}{2}$ to $46\frac{3}{4}$ ounces; the average weight in the males 45.9, and in the females 41.2 ounces. The spinal canal was partially filled with blood in 1 male, and contained more fluid than natural in 3 males, softer than natural in 9 males and 1 female. The weight of the spinal marrow varied in 24 males, from 1 to $1\frac{1}{2}$, and in 12 females from $\frac{3}{4}$ to $1\frac{1}{4}$ ounces; the average weight in the males 1.1, and in the females 1 ounce.

Thorax.—Pleuritic adhesions recent in 3 males and 2 females, on the right side in 2 males and 1 female, on the left side in 1 male and 1 female; of long standing in 9 males and 6 females, on the right side in 2 males and 1 female, and on the left side in 2 males and 5 females. Hydrothorax in 3 males and 1 female. Congestion of blood in the lungs, on the right side in 6 males and 1 female, on the left side in 8 males; the minimum weight of the right lung was 17, and the maximum 33, the average weight of the right lung in the 6 males was 24.5, the minimum weight of the left lung was 17, and the maximum 25 ounces; the average weight of the left lung in 8 males was 21.1 ounces. Emphysema, or bronchitis, in 5 males and 5 females, the average weight of the right lung in 2 males was 22, and in 3 females $19\frac{1}{4}$, and of the left $19\frac{1}{2}$ in the males, and $19\frac{1}{4}$ in the females. Pneumonia of the right in 9 males and 3 females, the average weight in the males $30\frac{1}{2}$, and in the females 20; the average weight of the left in 6 males was $27\frac{1}{2}$, and in 1 female 19 ounces. Pulmonary tubercles in the right lung in 3 males and 2 females; the average weight of the lung in the males 36, and in the females 14.5

ounces; the average weight of the left lung in 5 males was 24.3, and in 2 females 13.5 ounces. The lungs were free from diseases on the right side in 5 males and 3 females; the average weight of the right lung in the males was 13.2, and in the females 11, and the left lung in 7 males 12.6, and in 5 females 12 ounces. The *heart* was enlarged from 13 ounces and upwards in 10 males and in 4 females (above 10 ounces), the average weight in the males was 16, and in the females 10.5; the heart was smaller than natural, from 7 ounces and under, in 4 males, and under 7 ounces in 3 females; the average weight in the males was 6, and in the females 5.4 ounces; the heart was natural in 13 males and 5 females, the average weight in the males was 10.3, and in the females 7.4 ounces. There was valvular diseases of the heart in 5 males and 1 female. There was atheromatous and bony deposits in the aorta in 2 males.

Abdomen.—Peritoneal adhesions in 1 male; the omentum fatty in 3 males; tubercles on the under surface of the diaphragm in 1 male; cancerous tumours in the pancreas and mesenteric glands in 1 male; cancer of the uterus and vagina in 1; fibrous tumour of uterus in 1; stomach inflamed in 1 male, and enlarged in 3 males; ileum inflamed in 3 males and 4 females; ulceration of the colon in 1 female; organs small in 3 males and 2 females, organs large in 5 males and 3 females; kidneys enlarged in 3 males, average weight 13 ounces; the liver enlarged in 5 males, average weight 66.6 ounces, and 2 females, average weight 56 ounces, a nutmeg appearance of the liver in 1 female; spleen enlarged in 2 males, average weight 13 ounces, and in 1 female it was friable; the mesenteric glands enlarged in 2 males and 1 female. The weight of the stomach varied in 25 males from $3\frac{3}{4}$ to 7 ounces, and in 12 females from $3\frac{1}{2}$ to $5\frac{1}{2}$ ounces, the average weight in the males 5.5, and in the females 4.3 ounces. The weight of the liver varied in 23 males from 32 to 61 ounces, and in 10 females from $26\frac{1}{2}$ to 43 ounces; the average weight in the males was 50, and in the females 36 ounces. The spleen varied in weight in the males from $1\frac{1}{2}$ to $7\frac{3}{4}$ ounces, and in the females from $1\frac{3}{4}$ to 7 ounces; the average weight in 26 males was $5\frac{1}{4}$, and in 11 females $3\frac{1}{4}$ ounces. The average weight of the pancreas in 27 males was $2\frac{3}{4}$, and in 19 females $2\frac{1}{2}$ ounces. The right kidney varied in weight in the males from $3\frac{1}{2}$ to 6 ounces, and in the females from 3 to $4\frac{1}{2}$ ounces; the average weight in 25 males was $4\frac{1}{2}$; and in 12 females $3\frac{3}{4}$.

ounces. The left kidney varied in weight in the males from $3\frac{1}{2}$ to 6 ounces, and in the females from $2\frac{1}{2}$ to $5\frac{1}{2}$ ounces, the average weight in the males was 4-8, and in the females 4 ounces. The average weight of the renal capsules in 21 males was .72, and in 12 females .66; the average weight of the uterus in 10 cases, was 2 ounces.

The weight of the body varied in 28 males from 50 to 192 lbs., and in 12 females from 60 to 117 lbs.; the average weight in the males was 110 lbs., and in the females 79 lbs. The height varied in the males from 4 to 6 feet, and in the females from 5 to 5 feet 6 inches; the average height in the males was 5 feet $5\frac{3}{4}$ inches, and in the females 5 feet 3 inches; one of the males was an idiot boy, only 4 feet high, which accounts for the lowness of the average height.

APPENDIX.

TABLE I. (1862.)

Showing the time that each of 101 cases required for its treatment to effect recovery, with the length of time the disease existed before admission.

Duration of the Disease prior to Admission.	No. of Cases.		Time occupied in the Treatment to effect Recovery.													
			Months.													
	M.	F.	MALES.							FEMALES.						
1 Week.....	7	7	3	3	6	15	8	7	4	49	5	29	8	4	5	5
2 Ditto	7	7	6	32	16	7	7	5	4	7	4	11	4	5	5	7
3 Ditto	6	6	8	7	9	29	5	12	..	15	6	13	14	6	19	..
4 Ditto	5	4	57	36	6	7	7	..	..	16	5	12	1	27	..	..
5 Ditto	4	2	11	10	16	9	..	..	..	18	8	..	..	..	..	..
6 Ditto	3	3	46	8	9	..	..	..	..	13	9	8	..	..	..	..
7 Ditto	2	2	12	9	..	..	..	..	..	3	7	..	..	..	..	..
8 Ditto	3	4	6	12	6	..	..	..	..	6	7	15	5	..	..	..
9 Ditto	1	1	14	..	..	..	..	..	..	12	..	..	..	..	..	..
10 Ditto	1	1	9	..	..	..	..	..	..	36	..	..	..	..	..	..
12 Ditto	6	2	7	15	2	12	6	11	18	..	10	11	..	..	..	..
4 Months	3	5	8	9	11	..	..	..	..	17	13	12	29	6	..	..
6 Ditto	2	1	16	12	..	..	..	..	..	13	..	..	..	..	..	..
18 Ditto	1	1	19	..	..	..	..	..	..	14	..	..	..	..	..	..
2 Years.....	1	..	47	..	..	..	..	..	..	118	..	..	..	..	..	..
4 Ditto .....	..	1	..	..	..	..	..	..	..	9	..	..	..	..	..	..
7 Ditto .....	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	1	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	53	48														

Of these 101 Recoveries the form of the Disorder had been :—

	M.	F.
Mania	19	20
Ditto Recurrent	11	9
Ditto Puerperal	0	4
Monomania	3	3
Melancholia	15	12
Delirium Tremens and Dypso- mania	3	0
Epilepsy combined with Mania	2	0
Total.....	53	48

The Causes were :—

	M.	F.
Hereditary Predisposition	9	7
Grief.....	3	5
Love and Jealousy	1	1
Fright	2	2
Ill-treatment	2	2
Loss of Property	2	2
Disease of Nervous Centres ..	3	1
Previous Illness.....	6	3
Religious Excitement	3	5
Intemperance	8	0
Injury to Head	2	1
Critical Period	0	8
Unknown	12	11
Total.....	53	48

TABLE III.

Showing the Principal Occurrences of each Month.

	Jan.		Feb.		Mar.		April.		May.		June.		July.		Aug.		Sept.		Oct.		Nov.		Dec.		Total on Dec. 31st.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
No. of Patients on the 1st of the Month ..	229	236	218	235	222	242	222	240	216	245	225	238	223	243	224	244	229	248	238	248	238	256	235	254	229	253
" admitted	6	4	8	7	7	5	3	9	14	5	5	10	8	7	9	12	13	5	8	9	3	2	5	4	229	253
" discharged recovered ..	7	4	1	0	2	4	5	4	5	9	4	3	6	4	2	7	0	4	8	1	6	4	7	4	89	79
" relieved	0	0	2	0	0	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0	0	0	1	0	53	48
" not improved ..	0	0	0	0	0	0	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	4	2	
" of deaths	10	1	1	0	5	3	2	1	0	2	3	1	1	1	1	1	3	1	0	0	0	0	3	1	29	12
" Patients remaining on last of the month	218	235	222	242	222	240	216	245	225	238	223	243	224	244	229	248	238	248	238	256	235	254	229	253	229	253
" of Epileptics	40	28	40	28	39	29	39	29	40	29	40	29	40	29	38	29	38	29	38	32	38	32	38	33	38	33
Aggregate number of Fits ..	309	299	353	299	344	358	279	354	355	334	418	388	424	453	459	293	425	396	545	484	542	552	522	335	4975	4545
Number of Violent Patients ..	4	4	6	6	5	2	4	3	4	3	5	2	3	4	2	4	4	3	6	7	8	2	7	5	5	4
" Dirty ditto	11	16	10	18	9	25	10	24	8	24	7	23	9	20	8	22	7	20	7	18	8	21	9	24	7	21
" Destructive ditto ..	6	9	5	10	8	11	7	15	6	10	5	13	7	10	4	12	5	14	5	9	6	13	7	11	6	11
" Panes of Glass Broken ..	8	5	9	47	10	1	18	6	10	2	4	11	8	3	1	31	1	16	5	9	4	8	4	10	7	12
" Patients in restraint ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	2	0	1	0	0	2	6	6	
" " in Seclusion ..	3	1	6	2	4	1	5	2	4	3	6	2	1	5	1	1	2	1	1	1	2	2	1	5	3	2
Aggregate Hours of ditto ..	100	6	130	14	48	6	72	12	128	23	32	7	12	54	14	2	8	3	33	4	167	5	81	16	68	13
Average ditto	33	6	21	7	12	6	14	6	32	7	5	3	12	10	14	2	4	3	33	4	83	2½	81	3	28	5
No. of Patients under Medical Treatment	41	37	30	35	35	40	32	34	29	33	31	34	29	29	31	34	38	30	35	44	35	41	43	38	34	34
Attending Parish Church Sundays	17	32	22	32	19	32	22	26	22	32	23	30	22	35	21	34	22	19	23	22	18	26	17	26	20	28
" Ditto Chapel ditto ..	85	100	74	100	82	102	110	100	111	100	99	100	105	100	104	106	103	100	104	102	102	93	103	98	107	100
" Ditto on Morning of week days	62	74	51	70	59	64	74	70	80	70	75	68	76	84	79	74	77	76	79	72	71	73	49	64	68	71
" Employed	98	114	98	115	98	114	114	109	119	115	121	115	112	114	110	117	105	119	108	116	114	114	110	118	101	107
" Unemployed, Sick and Infirm ..	87	90	91	9	92	103	82	97	69	84	68	98	76	87	84	91	94	95	89	96	84	102	82	94	83	94

* 1 Suicidal opening a wound; 1 for exposing her person; and 1 for breaking windows.

TABLE IV.

Showing in quinquennial periods the ages of those admitted, the sexes, the civil condition, and the number of the attack of Insanity.

Age in Quinquennial periods.	No. of admissions			CIVIL CONDITION.						NUMBER OF ATTACK.							
				Single.		Married.		Widowed.		1st.		2nd.		3d. or more.		Unknown.	
M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
From 15 to 20 years.	5	3	8	5	3	0	0	0	5	3	0	0	0	0	0	0	0
" 20 " 25	7	10	17	7	9	0	0	0	5	6	0	0	0	0	1	1	1
" 25 " 30	12	6	18	7	5	0	0	0	7	5	0	0	0	0	0	2	0
" 30 " 35	11	10	21	1	6	1	1	0	11	4	1	4	0	0	0	0	2
" 35 " 40	7	8	15	2	4	1	1	1	2	6	1	4	0	0	1	0	2
" 40 " 45	12	16	28	4	10	0	0	3	7	12	3	4	0	1	0	1	0
" 45 " 50	4	6	10	3	2	0	0	0	1	6	1	1	0	0	0	0	1
" 50 " 55	11	2	13	2	1	0	0	0	4	0	0	3	0	0	1	0	0
" 55 " 60	4	3	7	3	0	1	0	1	2	1	1	1	1	2	1	0	0
" 60 " 65	7	9	16	2	2	0	0	2	4	3	1	1	2	1	1	2	0
" 65 " 70	5	1	6	0	0	1	4	1	4	1	1	1	0	0	0	0	0
" 70 " 75	3	3	6	0	2	0	2	0	1	2	1	1	0	1	0	0	0
" 75 " 80	0	2	2	0	1	1	0	1	0	1	1	0	1	0	0	0	0
" Upwards of 80	1	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0
Total	89	79	168	36	45	44	24	9	10	54	50	20	16	8	7	7	6

TABLE V.

Showing the occupation of Patients admitted.

MALES.				FEMALES.			
Agricultural Labourers	31	Paupers	.. .. 4	Agricultural	.. .. 4		
Blacksmiths	.. .. 2	Printers	.. .. 2	Domestic Servants	.. 20		
Bakers	.. .. 3	Servants	.. .. 3	Charwomen	.. .. 5		
Basket Maker	.. .. 1	Shoemakers	.. .. 5	Farmers' Daughters	.. .. 4		
Butchers	.. .. 2	Soldiers	.. .. 4	Gentlewomen	.. .. 2		
Brewers	.. .. 2	Tailors	.. .. 3	Glovers	.. .. 5		
Carpenters	.. .. 5	No occupation	.. .. 3	Factory Worker	.. .. 1		
Cabinet Maker	.. .. 1	Unknown	.. .. 1	Household	.. .. 12		
Clerks (Lawyer's)	.. .. 2			Needlework	.. .. 4		
Farmers	.. .. 5			Woolpicker	.. .. 1		
Gardener	.. .. 1			Paupers	.. .. 5		
Lamplighter	.. .. 1			Labourers' wives	.. .. 6		
Masons	.. .. 4			Shopkeepers	.. .. 3		
Miners	.. .. 3			No occupation	.. .. 4		
Milkman	.. .. 1			Unknown	.. .. 3		
Total .. 89				Total .. 79			

TABLE VI.

Showing the bodily health of 168 Patients on admission, as contrasted with the present condition of those remaining.

Bodily Health on Admission.				Present Bodily Health of those remaining.			
	Good.	Bad.	Indifferent.		Good.	Bad.	Indifferent.
Males	21	32	36	Males	17	13	24
Females	21	21	37	Females	28	9	19
Total..	42	53	73		45	22	43

TABLE VII.

Showing the Religion, and the degree of Education with reference to the admissions.

RELIGION.						DEGREE OF EDUCATION.				
	Church of England.	Wesley-ans.	Other Dissen-ters.	Roman Catho-lics.	Not known	Good.	Read and Write.	Read only.	Neither read nor write.	Not known.
Males	60	5	15	1	8	6	40	18	20	5
Females	54	8	13	1	3	5	31	19	17	7
Total..	114	13	28	2	11	11	71	37	37	12

TABLE VIII.

Showing the probable Cause of the Disorder in those admitted.

MORAL.	Males.	Females.	PHYSICAL.	Males.	Females.
Embarrassed circumstances	2	0	Accidental Injury	5	2
Destitution	2	2	Disease of Nervous- } Centres	9	8
Disappointment	1	2	Fatuity	6	5
Dread of Poverty	2	1	Previous Illness	10	6
Fright	1	2	Hereditary Predispo- } sition	14	13
Grief	2	2	Intemperance	10	1
Loss of Property	2	0	Puerperal Disease	0	3
Love and Jealousy	2	6	Congenital	4	3
Religious Excitement	7	7	Illtreatment	1	1
Remorse	1	1	Critical Period	0	3
Over Anxiety	1	1	No cause assigned	7	10
Moral	23	24	Physical	66	55
			Total	89	79

TABLE IX.

Showing the Forms of the Disorder in the Admissions.

FORMS OF DISORDER.	Males.	Females.	Total.
Mania	27	30	57
Ditto Recurrent	12	13	25
Ditto Puerperal	0	3	3
Dementia	7	4	11
Monomania	3	3	6
Melancholia	22	19	41
Congenital Idiocy	4	3	7
Epilepsy	5	3	8
General Paralysis	6	1	7
Delirium Tremens	3	0	3
Total	89	79	168

TABLE X.

Showing the duration of the existing attack in those admitted with reference to the result in 1862.

Duration of the existing Attack.	Admitted.		Recovered.		Relieved.		Not Improved.		Died.		Remaining	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 Month.	33	24	12	12	0	0	0	0	3	1	18	11
" 2 "	13	17	4	6	1	0	0	0	1	1	7	10
" 3 "	8	5	2	0	0	0	1	0	0	0	5	5
" 4 "	4	4	1	0	0	0	0	0	0	0	3	4
" 5 "	2	1	1	0	0	0	0	0	0	1	1	0
" 6 "	4	1	0	0	0	0	0	0	1	0	3	1
" 7 "	1	1	0	1	0	0	0	0	0	0	1	0
" 10 "	1	2	0	0	0	0	0	0	0	0	1	2
" 12 "	1	3	0	0	0	0	0	0	0	0	1	3
" 18 "	1	3	0	0	0	0	0	0	1	0	0	3
" 2 Years	5	2	0	0	0	0	0	0	2	0	3	2
" 3 "	1	1	0	0	0	0	0	0	1	0	0	1
" 5 "	2	1	0	0	0	0	1	0	0	0	1	1
" 6 "	4	3	1	0	0	0	0	0	0	0	3	3
" 9 "	1	2	0	0	0	0	0	0	0	0	1	2
" 10 "	1	1	0	0	0	0	0	0	1	0	0	1
" 17 "	0	1	0	0	0	0	0	0	0	0	0	1
" 20 "	1	0	0	0	0	0	0	0	1	0	0	0
From Childhood	4	4	0	0	0	0	0	0	0	1	4	3
Unknown.....	2	3	0	0	0	0	0	0	0	0	2	3
Total	89	79	21	19	1	0	2	0	11	4	54	56

Date of Death. 1862.	Date of last Admission.	Age at Death. Civil State.	Mental state and Bodily condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
Jan. 2, 8.30 p.m. 1032.	March 14, 1861.	37. Single.	Idiocy; indifferent health.	From birth.	Paralysis, Cachexy.	Cerebral convulsions small, not fully developed, pale, right hemisphere 1 ounce heavier than the left, right, 15½, left, 14½; encephalon, 35; spinal marrow soft, 1.	Lungs like those of a very young person, each weighed 11 ounces, a little induration in the left, at the bifurcation of the bronchial tubes; heart small, 5¼.	Organs small with the exception of the kidneys, weight of the stomach, 4, liver, 32, spleen, 1½, pancreas, 1¼, right kidney, 4, left, 4¾, renal capsules ¾; wt. of body 62 lbs., ht. 4 ft. 9 in.
Jan. 3, 10 a.m. 1079.	Sept. 14, 1861.	41. Married.	General paralysis, with melancholia; first attack; indifferent health.	Six months.	Meningitis, cerebritis, myelitis, and pneumonia.	Arachnoid adherent, brain unusually firm, ventricles distended with fluid, a rough appearance in 4th; weight 50¼; spinal marrow softened at centre, 1¼ oz. The brain unusually firm, 43½; the spinal marrow softened at centre, 1¼.	The lower lobe of right lung in a state of chronic pneumonia, red and tough, 33, left, 16½; pleuritic adhesions on both sides; the heart, 8¼.	Intestines natural, stomach, 5, liver, 46, spleen, 2¼, pancreas, 2½, each kidney, 5; weight of the body, 107 lbs., height, 5 ft. 5 in.
Jan. 4, 6.30 a.m. 1005 and 1104.	Dec. 16, 1861.	39. Married.	Mania, combined with general paralysis; first attack; bad bodily health.	Eighteen months.	Cerebritis, myelitis, and pneumonia.	The brain unusually firm, 43½; the spinal marrow softened at centre, 1¼.	Lower lobe, right lung, in the 3rd state of pneumonia, 52, left, 24½; heart, 12½.	Stomach, 5½, liver large, 73, spleen, 6, pancreas, 2½, kidneys large, right, 6¼, left, 6, renal capsules, 1; wt., 117 lbs., height, 5 ft. 6 in.
Jan. 8, 9 p.m. 733.	Aug. 1, 1857.	60. Married.	Monomania, combined with general paralysis; first attack; good bodily health.	Six years. Erysipelas of the head.	Meningitis, myelitis.	Dura mater adherent to the skull, above 1 ounce of fluid in the lateral ventricles, and a similar quantity in the spinal canal, the medullary portion of cerebrum unusually white and soft, 42¾; spinal marrow soft above centre, 1½.	Congestion of blood in the lower lobes of both lungs, the right, 17, left, 18; heart large, 13.	Omentum fatty, the intestinal mucous membrane natural, stomach, 5, liver, 54, spleen, 5½, pancreas, 3, right kidney, 5, left, 5½; weight of the body, 147 lbs., height, 5 ft. 6 in.

Date of Death. 1862.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES. And weight of the various Organs in Ounces Avoidupois.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
Jan. 11, 10 a.m. 1038.	April 18, 1861.	36. Married.	Mania, combined with general paralysis; second attack; indifferent health.	One year. Injury to the head from a blow.	Meningitis, myelitis.	Dura mater preternaturally adherent to the calvarium, above one ounce of clear fluid in the ventricles, encephalon $44\frac{1}{4}$, a little dark blood in the spinal canal, cord soft, 1.	Dense pleuritic adhesions on the right side only, congestion of blood in lower lobe, right, $22\frac{1}{2}$, left, 17; heart valves thickened, $10\frac{1}{2}$.	Intestines natural, weight of the stomach, 5, liver, 47, spleen, $2\frac{3}{4}$, pancreas, $2\frac{1}{2}$, right kidney, 6, left, 5; weight of the body, 132 lbs., height, 5 ft. 7 in.
Jan. 14, 7 a.m. 1110.	Dec. 28, 1861.	56. Married.	Mania, combined with general paralysis; first attack; bad bodily health.	Fourteen months. Intemperate in drinking.	Chronic arachnitis, myelitis, emphysema, influenza.	Opacity of the arachnoid, more fluid than usual in the ventricles, $47\frac{1}{2}$; spinal marrow soft at centre, 1.	Emphysema of upper lobes of both lungs, redness of bronchial lining membrane, and congestion of blood in the lower lobes, right, 24, left, 20; heart, $13\frac{1}{4}$.	Organs large, stomach, 9, liver, 56, spleen, 3, pancreas, 2, right kidney, $4\frac{3}{4}$; left, $5\frac{1}{4}$; weight of the body 127 lbs., height, 5 ft. 11 in.
Jan. 14, 10 p.m. 1112.	Jan. 3, 1862.	60. Single.	Mania; first attack; bad health.	Two years. No cause assigned.	Meningitis, asthma, gastro enteritis.	Dura mater unusually adherent to calvarium, arachnoid thickened, encephalon, $47\frac{3}{4}$; spinal marrow pale, 1.	Strong pleuritic adhesions on both sides, emphysema of the upper lobes, right 20, left, 19; heart large, valves thickened, ossific deposits in the semilunar valves, $15\frac{1}{4}$.	Redness of the mucous membrane of the stomach and small intestines, weight of the stomach, 6, liver, 60, spleen, $2\frac{1}{2}$, pancreas, $3\frac{1}{4}$, right kidney, $4\frac{3}{4}$, left, 6; weight, 102 lbs., height, 5 ft. 9 in.
Jan. 16, 1.30 a.m. 1050.	June 17, 1861.	75. Widowed.	Mania; first attack; good bodily health.	Nine months. No cause assigned.	Meningitis, pneumonia.	Dura mater preternaturally adherent, cerebral veins loaded with blood, above one ounce of fluid in ventricles, brain rather soft, 44; spinal cord natural, 1.	Pleuritic adhesions on right side, right lung, 19, chronic pneumonia, lower lobe, left, 27; heart flabby, 13.	Intestines natural, weight of the stomach, 5, liver, 49, spleen, 5, pancreas, 3, right kidney, 5, left, 6, renal capsules, $\frac{3}{4}$; weight of the body, 113 lbs., height, 5 ft. 6 in.

Date of Death. 1862.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES. And weight of the various Organs in Ounces Avoirdupois.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
Jan. 24, 10.30 p.m. 1087.	Oct. 16, 1861.	53. Married.	Epilepsy, combined with mania; 1st attack; in different health.	Some years.	Chronic cerebritis, pneumonia.	The brain unusually firm, the lateral ventricles distended, containing about two ounces of clear fluid, $46\frac{1}{4}$; spinal marrow natural, 1.	The lower lobes of both lungs red and firm, chronic pneumonia, right, $27\frac{1}{4}$, left, 28; heart, $10\frac{1}{2}$.	Intestine's natural, weight of the stomach, $5\frac{1}{2}$, liver large, $61\frac{1}{2}$, spleen, $6\frac{1}{2}$, pancreas 3, right kidney, 6, left, $6\frac{3}{4}$, renal capsules, $\frac{3}{4}$; weight of the body, 104 lbs., height 5 ft. 6 in.
Jan. 28, 6 a.m. 757.	Nov. 19, 1857.	33. Married.	Mania, 1st attack; good bodily health.	Eight years. Jealousy.	Pulmonary phthisis.	More fluid than natural in the ventricles, and the interior of brain softer than natural, 43; spinal marrow also softer than natural, 1.	Pleuritic adhesions on both sides, numerous tubercles and a large cavity in the upper lobe, right lung, 54, white masses of tubercles in the left, 35; heart small, 7.	Intestinal mucous membrane natural, weight of the stomach, 5, liver, 41, spleen, $5\frac{3}{4}$, pancreas, 4, right kidney, 5, left, $3\frac{1}{2}$; weight of the body, 95 lbs., height, 5 ft. 4 in.
Feb. 23, 5.30 a.m. 1067.	Aug. 10, 1861.	20. Single.	Epilepsy, combined with dementia; first attack; indifferent health.	Nine years.	Pulmonary & abdominal tubercles, & scrofulous mesenteric glands.	Skull thin, dura mater adherent, congestion of blood in cerebral vessels, brain rather soft, 48; lower part spinal cord soft, 1.	Pleuritic adhesions and thickened pleura, numerous tubercles size of a pea on lower lobe, right, 33, a few tubercles on lower lobe, left, 23, upper lobes free, pneumonia in both lower lobes; heart, $8\frac{1}{4}$.	Under surface of diaphragm studded with scrofulous tubercles, and adherent to liver and spleen, stomach, $5\frac{1}{4}$, liver, 63, spleen, 7, pancreas, $2\frac{3}{4}$, right kidney, 5, left, $4\frac{3}{4}$, renal capsules, $\frac{3}{4}$, mesenteric glands enlarged; weight of the body, 90 lbs., height, 5 ft. 4 in.

Date of Death. 1862.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES.	
						HEAD AND SPINE.	THORAX.
Mar. 9, 4.30 a.m. 1107.	Dec. 17, 1861.	11. Single.	Idiocy; deaf and dumb; first attack; bad bodily health.	From birth. Hereditary on mother's side.	Fluid in the brain, abscess on the scalp.	Pus beneath the scalp, cerebral convolutions small, of a pinkish colour, from three to four ounces of clear fluid in the ventricles; encephalon, 42 $\frac{1}{4}$.	Pleuritic adhesions on the right side only, the right lung, 12, left, 8 $\frac{1}{4}$; heart small, 5 $\frac{1}{2}$. Weight of the stomach, 3 $\frac{3}{4}$, liver, 50, spleen much enlarged, 16, pancreas, 2 $\frac{1}{2}$, right kidney, 3 $\frac{1}{2}$, left, 4, renal capsules, $\frac{1}{2}$; weight of the body, 50 lbs., height, 4 ft.
Mar. 9, 3.30 a.m. 1126.	Mar. 1, 1862.	74. Married.	Senile fatuity; first attack; bad bodily health.		Asthma, anasarca, chronic meningitis.	Dura mater adherent to the skull, opacity of the arachnoid, congestion of blood in the veins, atheromatous deposit in cerebral arteries, 46 $\frac{1}{2}$.	Organs large, stomach 7, liver 66, spleen 6 $\frac{3}{4}$, pancreas 3, right kidney 6 $\frac{1}{4}$, left 7 $\frac{3}{4}$, renal capsules 1 $\frac{1}{4}$; weight of the body, 192 lbs., height, 6 ft.
Mar. 15, 6.30 a.m. 1122 and 569.	Feb. 17, 1862.	74. Widowed. Coal Miner.	Dementia; second attack; bad bodily health.	Seven months. Illness.	Erysipelas, pleuro-pneumonia.	Dura mater firmly adherent to the skull; atheromatous deposits in vertebral arteries, 49 $\frac{1}{2}$; lower portion of spinal cord softened, 1 $\frac{1}{4}$. Weight of the stomach 7, liver 59, spleen 5 $\frac{1}{2}$, pancreas 3, right kidney 5, left 7; weight of the body, 113 lbs., height, 5 ft. 6 in.	Pleuritic adhesions on the left side, 1 $\frac{1}{2}$ pint fluid in right pleura, chronic pneumonia lower lobe of right lung, 35, left, 27, cartilagenous deposits in both lungs; heart large, 14 $\frac{3}{4}$, arteries atheromatous.

Date of Death. 1862.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
Mar. 16, 10 a.m. 1027.	Feb. 13, 1861.	74. Widowed.	Mania; first attack; indifferent health.	Two years. Injury 12 years ago.	Tumour and softening of the brain.	Dura mater strongly adherent to the calvarium, attached to it was a firm tumour, size of a large walnut, pressing on centre of left hemisphere, in which was a corresponding depression and softening of structure around, $49\frac{1}{4}$; the lower portion of spinal cord softened, 1.	Pleuritic adhesions on both sides, right lung, 15, congestion of the lower lobe of the left, 25; atheromatous deposits in the arteries and aortic semilunar valves, heart, $10\frac{1}{2}$.	Organs natural, weight of the stomach 5, liver 45, spleen 5, pancreas 3, right kidney $3\frac{3}{4}$, left $4\frac{1}{4}$, renal capsules $\frac{3}{4}$; weight of the body, 111 lbs. height, 5 ft. 5 in.
Mar. 26, 2.30 p.m. 59.	June 2, 1848.	'78. Married.	Chronic mania; second attack; good health.	Twenty-six years. Hereditary on mother's side; intemperance	Chronic meningitis, myelitis, paralysis, chronic pneumonia.	Dura mater firmly adherent to the skull, opacity of the arachnoid, more fluid than natural in the ventricles, $51\frac{1}{4}$; spinal marrow soft at centre, $1\frac{1}{4}$.	Pleuritic adhesions on the right side, induration of a portion of the lower lobe right lung, 21, left, 17; valves of heart thickened, & bony deposits in aorta, $12\frac{1}{2}$. Recent lymph on lower lobe right lung, which was in a state of chronic pneumonia, $22\frac{1}{2}$, tubercles in the upper lobe of left lung, and a small abscess in a gangrenous state, $26\frac{1}{2}$; heart small, $8\frac{1}{2}$.	Intestines natural, wt. of the stomach $5\frac{1}{2}$, liver, 50. spleen $4\frac{1}{2}$, pancreas $2\frac{1}{2}$, right kidney $4\frac{3}{4}$, left $4\frac{1}{2}$, renal capsules $\frac{3}{4}$; weight of the body, 112 lbs., height, 5 ft. 10 in.
Mar. 31, 2.30 a.m. 1126 and 982.	Mar. 6, 1862.	37. Widowed.	Mania recurrent; second attack; bad bodily health.	Five weeks Poverty.	Pulmonary phthisis and gangrene of lungs, cancerous lymphatic glands	Cerebral membranes thickened, encephalon, $43\frac{1}{4}$; spinal marrow, 1.	Intestines natural, a hard cancerous tumour, size of a large walnut in head of pancreas, 2 lymphatic glands enlarged and hard, and 3 cancerous glands in gastro splenic omentum, stomach 5, liver 40, spleen $5\frac{1}{2}$, right kidney 4, left $4\frac{1}{2}$; the body emaciated; weight 79 lbs., height 5 ft. 5 in.	

OBITUARY, *continued.*—MALES.—1862.

POST-MORTEM APPEARANCES.									
And weight of the various Organs in Ounces Avordupois.									
Date of Death. 1862.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	HEAD AND SPINE.		THORAX.	ABDOMEN.
April 26, 10 a.m. 1130.	Mar. 26, 1862.	30. Married.	Mania; first attack; indifferent health.	Six weeks. Jealousy.	Abscesses in legs, pyemia pneumonia, enteritis.	Brain natural, 47 $\frac{3}{4}$; spinal marrow natural, 1 $\frac{1}{4}$.		Pleuritic adhesions on right side, the middle and lower lobe in the third stage of pneumonia, right, 26, left, 10; heart, 9.	Stomach 6, liver large 70, not fatty, spleen 4 $\frac{1}{2}$, pancreas 3, right kidney 4 $\frac{1}{2}$, left 5 $\frac{1}{2}$, renal capsules $\frac{3}{4}$; wt. of body, 86 lbs., height, 5 ft. 8 in.
June 18, 3 p.m. 916.	Nov. 7, 1859.	37. Single.	Monomania, combined with general paralysis; first attack; indifferent health.	Two and a half years.	Arachnitis, hydrothorax.	Opacity of the arachnoid, much fluid in the ventricles, the interiors of which were softened, encephalon, 53 $\frac{3}{4}$; spinal canal filled with fluid, spinal marrow, 1 $\frac{1}{4}$.		Pleuritic adhesions and recent lymph on both sides, about 2 pints of fluid in the left pleura, right lung, 16, left, 15 $\frac{1}{2}$; heart, 11 $\frac{1}{2}$.	The mesentery thickly studded with miliary tubercles, mucous membrane, intestines natural, stomach 4 $\frac{1}{2}$, liver 40, spleen 7, pancreas 3, right kidney 4 $\frac{1}{2}$, left 5 $\frac{3}{4}$, renal capsules $\frac{3}{4}$; weight of the body, 120 lbs.; height, 5 ft. 8 in.
June 22, 6 a.m. 959.	April 25, 1860.	64. Married.	Dementia, combined with epilepsy; first attack; good health.	Two and a half years. Injury from a fall.	Meningitis, cerebritis, epilepsy.	Dura mater firmly adherent to the skull, opacity of the arachnoid, cerebral veins congested with blood, the cineritious portion of the striated bodies of a pink colour, the medullary portion firmer than natural, 50; more fluid than natural in the ventricles and spinal canal, cord 1 $\frac{1}{4}$.		Pleuritic adhesions on the left side only, both lungs congested with blood, the right, 25, left, 21; heart fatty, 13 $\frac{1}{2}$.	Fatty omentum, also much subcutaneous fat 1 $\frac{1}{4}$, thick near the umbilicus, weight of the stomach 8 $\frac{1}{2}$, liver 56 $\frac{1}{2}$, spleen 6, pancreas 3, right kidney 4 $\frac{1}{2}$, left 5, renal capsules $\frac{3}{4}$, mucous membrane, intestines natural, body fat; weight, 152 lbs.; height 5 ft. 3 in.

Date of Death. 1862.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES. And weight of the various Organs in Ounces Avoirdupois.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
June 26, 10 a.m. 1148.	May 28, 1862.	53. Married.	Melancholia; first attack; bad bodily health.		Suicide, death instantaneous, the larger vessels on left side of neck divided.	NO POST-MORTEM EXAMINATION.		
July 21, 7 a.m. 1151.	June 9, 1862.	66. Widowed.	Epilepsy, combined with mania; first attack; bad health.	Many years.	Paralysis, gangrene of right lung, nephritis.			
Aug. 26, 3.30 p.m. 1113.	Jan. 4, 1862.	45. Single.	Mania; first attack; bad health.	Nine months. Cerebral disease.	Meningitis, tumour and softening of brain, bronchitis.	Opacity of the arachnoid, rusty deposit on two cerebral convolutions external to right corpus striatum, $43\frac{3}{4}$; slight softening of spinal cord, $1\frac{1}{4}$. Dura mater firmly adherent, the calvarium red, on the anterior portion of right cerebral hemisphere was a depression, and in the centre a white firm substance, size of a split pea, the structure around softened, other portions of brain unusually firm, a thin layer of effused blood external to the right corpus striatum, and on upper surface of the cerebellum $39\frac{3}{4}$; spinal marrow natural, $1\frac{1}{4}$.	Old pleuritic adhesions on right side, several spots on the lung, both upper and lower lobes in a gangrenous state with surrounding pneumonia, 48, left, 28; heart, $9\frac{1}{2}$. Pleuritic adhesions on both sides, and on the left a small portion of recent lymph, slight emphysema, redness of the lining membrane of the bronchial tubes, right, $20\frac{1}{2}$, left, 18; heart, 9.	Intestines natural, weight of the stomach $4\frac{1}{2}$, liver 51, spleen 5, pancreas $2\frac{3}{4}$, the kidneys injected with blood, the right $3\frac{3}{4}$, left 4, renal capsules $\frac{3}{4}$; wt. of body, 91 lbs.; height, 5 ft. 7 in. Intestines natural, weight of the stomach $4\frac{1}{2}$, liver 47, spleen 6, pancreas 3, right kidney $4\frac{1}{2}$, left 5, renal capsules $\frac{3}{4}$; weight of the body, 96 lbs.; height, 5 ft. 4 in.

OBITUARY, *continued.*—MALES.—1862.

Date of Death. 1862.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES. And weight of the various Organs in Ounces Avoirdupois.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
Sept. 5, 6.30 a.m. 927.	Jan. 7, 1860.	47. Widowed.	Dementia; first attack; indifferent bodily health.	Five and a half years. Hereditary on mother's side.	Arachnitis, fluid in the brain and spinal canal, influenza.	From 3 to 4 ounces of fluid in the orifice and in the ventricles of the brain, 47; fluid in the spinal canal.	The lower lobes of both lungs infiltrated with fluid, right, 29, left, 25; heart soft, large, 14.	Subcutaneous fat, fatty omentum, stomach 6, liver 61, spleen large 10, pancreas $3\frac{1}{2}$, right kidney $5\frac{1}{2}$, left $6\frac{1}{2}$; weight of body, 137 lbs; height, 5 ft. 4 in.
Sept. 19, 5.30 a.m. 1169.	Aug. 22, 1862.	67. Widowed.	Dementia; first attack; bad bodily health.	Two months. Bad health.	Asthma, pneumonia.	Opacity of arachnoid, atheromatous deposits in arteries $54\frac{3}{4}$, spinal marrow natural, $1\frac{1}{4}$.	Old pleuritic adhesions, emphysema of upper lobes, lower lobes congested with blood, friable, pneumonia right 31, left 33; heart flabby, soft, 14.	Peritoneal adhesions to the liver 59, stomach 5, spleen $7\frac{3}{4}$, pancreas $2\frac{1}{4}$, right kidney $6\frac{1}{4}$, left $5\frac{1}{4}$, renal capsules 1; weight of the body, 132 lbs.; height, 5 ft. 8 in.
Sept. 19, 4.30 p.m. 1114.	Jan. 10, 1862.	63. Married.	Mania; second attack; bad bodily health.	Nine months. Adverse circumstances.	Asthma, pulmonary tubercles.	Dura mater firmly adherent to the skull, the brain natural, $45\frac{1}{4}$, the spinal marrow soft at centre, $1\frac{1}{4}$.	Old pleuritic adhesions on both sides, emphysema of the upper lobes of both lungs, the lower lobe of the right contained miliary tubercles, $21\frac{1}{2}$, tubercular cavities in the left upper lobe, 22; heart natural, 12.	The stomach distended, large $7\frac{1}{2}$, liver 38, spleen $5\frac{1}{2}$, pancreas $3\frac{1}{2}$, right kidney 4, left $3\frac{1}{2}$, renal capsules 1, the body emaciated; weight 95 lbs.; height 5 ft. 9 in.

POST-MORTEM APPEARANCES.						
And weight of the various Organs in Ounces Avoirdupois.						
	HEAD AND SPINE.	THORAX.	ABDOMEN.			
	The dura mater firmly adherent to the skull, the brain firm, especially the interior of lateral ventricles, which contained more fluid than natural, beneath the central white fibres of the right corpus striatum was a cavity, size of a pea, lined by a membrane and stained brown, each hemisphere 21, cerebellum 5, medulla oblongata 1, encephalon 48. Spinal canal filled with blood, the arachnoid firmly adherent, 1.	Pleuritic adhesions on the left side only, the lower lobe left lung congested with blood, the lower lobe right still more congested, a portion of it in a state of pulmonary apoplexy 33, left 22; heart enlarged, weight 16¾ oz.	The mucous membrane of the intestines natural, stomach large 7, liver 43, spleen 7½, pancreas 2¾, right kidney 4½, left 5, renal capsules 1; weight of the body, 125 lbs.; height, 5 ft. 8 in.			
	The dura mater firmly adherent to the skull, the cerebral hemispheres small, especially the left which was 1 oz. lighter than the other, brain like that of a child, right hemisphere 14½, left 13½, cerebellum 4, medulla 1, encephalon 33, spinal cord softened for an inch, a little below the centre, 1.	Pleuritic adhesions on the left side only, a few miliary tubercles, isolated, in the upper lobe of the left lung, the lower lobe of the right lung congested with blood, and a spot size of a walnut in a state of incipient gangrene, odour offensive, 21, left 15; heart small, 6.	About six inches of the lower part of the ileum red, inflamed, several of the organs small, weight of the stomach 4, liver 42, spleen 3, pancreas 2½, right kidney 3½, left 3¼, renal capsules ¾; weight of the body, 72 lbs.; height, 5 ft. 4 in.			

OBITUARY, continued.—MALES.—1862.

Date of Death. 1862.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES. And weight of the various Organs in Ounces Avoirdupois.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
Dec. 20, 4 a.m. 1198. Coroner's inquest.	Dec. 16, 1862.	34. Married.	Mania; first attack; bad bodily health.	Five weeks. Gastro-dynia	Suicide, by perforating the abdomen with glass & rupturing the small intestine, 11 hours before death.	Brain and membranes appeared natural, rather above the average weight, $51\frac{3}{4}$, spinal cord natural, $1\frac{1}{4}$.	Organs natural, lung $12\frac{1}{4}$, left heart 11.	An incised wound three inches long, midway between umbilicus and pubis, weight of the stomach 6, liver 43, spleen $4\frac{1}{2}$, right kidney 4, left $4\frac{3}{4}$, seven feet of the upper part of ileum cut or torn from the mesentery and broken across—attached to the external opening, the small intestines quite red, large intestines natural; weight of the body, 129 lbs.; height, 5 ft. 7 in.

Date of Death. 1862.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
Jan. 22, 9 a.m. 962.	Jan. 29, 1861.	64. Married.	Melancholia; first attack; indifferent health.	Eighteen months. Suicidal, no cause assigned.	Dysentery, meningitis.	Dura mater strongly adherent to the skull, much fluid in the lateral ventricles, congestion of blood in the cerebral structure 45½, spinal marrow natural 1.	Old pleuritic adhesions on both sides, lungs healthy, right 9, left 6¼; the heart, 7½.	Large patches of ulceration in the descending colon, stomach 3½, liver 26½, spleen 1¾, pancreas 2½, right kidney 3, left 3¾, renal capsules ¾; weight of the body, 73 lbs.; height, 5 ft. 3 in.
March 11, 10.15 a.m. 1015.	Aug. 23, 1861.	29. Single.	Melancholia, combined with general paralysis; first attack; indifferent health.	Two-and-a-half years. Remorse.	Arachnitis, myelitis, diarrhoea, pneumonia.	Opacity of the arachnoid more fluid than natural in the arachnoid and ventricles 40¾, spinal marrow softened at centre 1.	Chronic pneumonia lower lobe of left lung, right 11, left 19; the heart small, 7.	Redness of a portion of the mucous membrane of the ileum, lymphatic glands enlarged, stomach 4, liver 41, spleen 5, pancreas 3½, each kidney 3¼; weight of the body, 67 lbs.; height, 5 ft. 4 in.
March 11, 8.15 a.m. 1035.	Nov. 14, 1861.	49. Married.	Mania, combined with paraplegia lower extremities; first attack; indifferent bodily health.	Six months. Cerebral disease.	Arachnitis, myelitis.	Thickening of arachnoid, fluid on cerebral surface, congestion of blood in the veins, the cortical structure unusually white, the medullary pink, a rusty deposit from a clot of blood in the right corpus striatum 43, softening of the spinal marrow 1.	Contents natural, right lung 13, left 12¾; heart fatty, flabby, 12.	Intestines natural, weight of the stomach 4½, liver 37, spleen 3¾, pancreas 2½, each kidney 3½, renal capsules ¾; weight of the body, 67 lbs.; height, 5 ft. 2 in.

OBITUARY, continued.—FEMALES.—1862.

Date of Death. 1862.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
March 27, 6 a.m. 1053 & 848	March 1, 1862.	72. Single.	Mania, remittent; fifth attack; bad bodily health.	Six weeks. Hereditary on father's side.	Menin- gitis, enteritis, diarrhoea, asthma.	Dura mater adherent, opacity of arachnoid, brain small $37\frac{3}{4}$, spinal marrow $1\frac{1}{4}$, about one inch of centre softer than natural.	Old pleuritic adhesion, emphysema of the upper lobes of both lungs, congestion of blood in the lower lobe left, right $9\frac{3}{4}$, left 13; heart 10, bony deposit in semilunar valves.	Patches of redness in the ileum, organs small, stomach $4\frac{1}{2}$, liver 42, spleen $4\frac{1}{2}$, pancreas $2\frac{1}{2}$, right kidney 3, left $2\frac{3}{4}$, renal capsules $\frac{3}{4}$, uterus $1\frac{1}{2}$.
April 15, 9.45 a.m. 992.	May 30, 1861.	41. Single.	Melancholia; first attack; bad bodily health.	Eleven years. Disappointed affection.	Enteritis, hydrothorax.	Congestion of blood in the veins, more fluid than natural in the ventricles 43, spinal cord natural 1.	About 6 ounces of fluid in the right side, slight lobular pneumonia, right lung 14, left 11; heart, $10\frac{1}{2}$.	About 12 inches of upper part of ileum thickened dark coloured, stomach 5, nutmeg appearance, liver $35\frac{1}{2}$, spleen $2\frac{1}{2}$, pancreas 3, right kidney $3\frac{1}{2}$, left 4, renal capsules $\frac{3}{4}$, uterus $2\frac{1}{2}$; weight of body, 87 lbs.; height, 5 ft. 3 in.
May 12, 4.30 a.m. 785 & 647.	July 16, 1858.	46. Single.	Mania, remittent; third attack; bad health.	Four-and-a-half years. Disappointed affection.	Asthma, influenza.	Congestion of blood in the cerebral vessels, encephalon $42\frac{1}{4}$, the spinal cord natural $1\frac{1}{4}$.	Old pleuritic adhesions, emphysema of upper lobes lungs, redness of the bronchial lining membrane, mucopurulent secretion, right 15, left 13; heart, $8\frac{1}{2}$.	Organs and intestines natural, weight of the stomach $5\frac{1}{2}$, liver 43, spleen $3\frac{1}{2}$, pancreas $2\frac{1}{2}$, right kidney $4\frac{1}{4}$, left 4, renal capsules $\frac{1}{2}$, a fibrous tumour attached to the uterus, weight 29 ounces; weight of body, 89 lbs.; height, 5 ft.

Date of Death. 1862.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES.		
						And weight of the various Organs in Ounces	HEAD AND SPINE.	ABDOMEN.
May 19, 6 a.m. 928.	July 20, 1860.	53. Married.	Mania; second attack; bad bodily health.	Two years. Hereditary.	Pulmonary phthisis.	Brain rather soft 44 $\frac{3}{4}$, spinal marrow also soft (probably from heat of weather) 1 $\frac{1}{4}$.	Old pleuritic adhesions, especially on right side, the upper lobe filled with tuberculous cavities, offensive, 18 $\frac{1}{2}$, left 12; heart small, 7.	Patch of redness in the ileum, stomach 3 $\frac{1}{2}$, liver 33, spleen 2 $\frac{1}{4}$, pancreas 2, right kidney 3 $\frac{1}{2}$, left 4, renal capsules $\frac{1}{2}$, uterus 2 $\frac{1}{2}$; weight of body, 62 lbs.; height, 5 ft. 3 in.
June 26, 6.15 p.m. 976.	April 9, 1861.	48. Widow.	Monomania; first attack; indifferent health.	Two years. Malignant disease.	Cancer of the womb.	Brain natural 46 $\frac{3}{4}$, spinal marrow natural.	A few dark tubercles on surface of lungs, right 11, left 7; heart small, 6.	Intestines natural, stomach 3 $\frac{1}{4}$, liver 54, spleen 5, pancreas 2 $\frac{1}{2}$, right kidney 4, left 4 $\frac{1}{2}$, renal capsules $\frac{3}{4}$, uterus 16 $\frac{1}{2}$, a tumor attached to fundus, interior ragged ulcerated, gangrenous vagina ulcerated; weight of the body, 72 lbs.; height, 5 ft. 5 in.
July 5, 8 a.m. 1078.	June 19, 1862.	31. Single.	Mania; bad health.	Six weeks. Destitution.	Meningitis, pneumonia, and enteritis.	Skull unusually thick and dura mater firmly adherent, congestion of blood in the cerebral vessels, above 2 ounces of fluid in lateral ventricles, 38 $\frac{3}{4}$; spinal marrow soft, 1.	Slight pleuritic adhesions on the left side, lower part, right, in first stage of pneumonia, 23, left, 18; heart flabby, 10.	Mucous membrane of ileum very red, lower portion of colon thickened and dark coloured, stomach, 5, liver, 58, spleen friable, 7, pancreas, 2 $\frac{1}{2}$, right kidney, 4, left, 4 $\frac{1}{4}$, capsules, 1, uterus, 3; weight of the body, 117 lbs., height, 5 ft. 5 in.

OBITUARY, continued.—FEMALES.—1862.

Date of Death. 1862.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
Aug. 10, midnight, 1014.	Aug. 7, 1861.	56. Widow.	Mania; first attack; bad health.	Several years	Chronic meningitis, asthma, lobular pneumonia, right.	The dura mater firmly adherent to skull; opacity of arachnoid, 36½; spinal marrow, 1.	Pleuritic adhesions on both sides, emphysema of upper lobes, lobular pneumonia, upper lobe, right, 16, left, 14; heart small, 5½.	Organs small, stomach, 3½; liver, 29, gall bladder distended with dark bile, spleen, 2½, pancreas, 2, right kidney, 3, left, 2½, renal capsules, ½, uterus, 1½, body emaciated, 60 lbs.; height, 5 ft. 2 in.
Sept. 14, 4 p.m. 1046.	Feb. 3, 1862.	25. Single.	Melancholia; first attack; bad health, refused food.	Nine months. Disappointed affection.	Pulmonary phthisis, pleuritis.	More fluid than natural, cerebral surface encephalon, 43½; spinal marrow firm, ¾.	Left filled with dark coloured fluid, containing flakes of lymph having an offensive odour, lung compressed, useless, tubercles in right lung, 10, left, 15; heart small, 5½.	Weight of the stomach, 4, liver, 34, spleen, 5, pancreas, 2, right kidney, 4½, left, 5½, renal capsules, ¾, uterus, 2, body emaciated, 77 lbs.; height, 5 ft. 5 in.
Dec. 12, 6½ a.m. 1107.	Oct. 10, 1862.	48. Single.	Idiocy; indifferent health.	Congenital.	Influenza, broncho-pneumonia.	Skull thin, brain small, 33½; spinal cord soft at centre. 1¼.	Old pleuritic adhesions on both sides, the lower lobe of the right lung in the first stage of pneumonia, redness of bronchial lining membrane of both lungs, right, 23, left, 17; heart small, 7.	Weight of the stomach, 5, liver, 38, spleen, 3, pancreas, 2, right kidney, 3¾, left, 3¼, renal capsules, ¾, uterus, 3; weight of the body, 102 lbs., height, 5 ft. 1 in.

ORDINARY DIETARY.

For Breakfast.

Coffee,* or broth,† $1\frac{1}{2}$ pints for males, 1 pint of coffee for the females; bread 8 oz. for the males, 7 oz. for females, and $\frac{1}{2}$ oz. of butter is allowed for each patient; those who have broth have no butter.

For Dinner.

On Mondays, Wednesdays, Thursdays, Fridays, and Saturdays, $\frac{1}{2}$ pound of uncooked meat, including bone, with one pound and a half of vegetables for the males, and one pound for the females; and a half pint of beer or cider is allowed for each patient. On Sundays, a pound of suet pudding or rhubarb pie. On Tuesdays one pint and a half of stew,‡ and 4 oz. of bread, and a half pint of cider or beer.

For Supper.

The same as for breakfast, substituting tea and milk for broth or coffee.

For Lunch.

The working patients have each, at 11 o'clock, 2 oz. of bread, and three-fourths of an ounce of cheese, and half a pint of beer, or cider, and the same allowance of beer or cider in the afternoon; about 16 oz. of rag tobacco is distributed each day amongst the working male patients.

* The coffee is made by boiling 6 lbs. of ground coffee with 6 lbs. of sugar in 32 gallons of water for ten minutes, to which is added $2\frac{1}{4}$ gallons of new milk. The tea is made by substituting 2 lbs. of tea for 6 lbs. of coffee.

† The broth is made from 32 gallons of the water in which the meat had been boiled the previous day, 8 gallons of milk, 10 lbs. of onions, 1 lb. of salt, 20 lbs. of flour, and 4 ounces of pepper.

‡ The stew is made by boiling the bones (which are pounded) for seven hours in 36 gallons of water, with the addition of five shins, and 16 lbs. of stickings of beef, 12 lbs. of rice, $\frac{3}{4}$ lbs. of pepper, $2\frac{1}{2}$ lbs. of salt, 6 sticks of celery, a bunch of sweet herbs, 3 pecks of onions, 10 or 15 white cabbages, and a few potatoes, or Jerusalem artichokes; occasionally 30 lbs. of flour is added.

This quantity is sufficient for 400 persons.

RATIONS FOR THE ATTENDANTS AND SERVANTS. WEEKLY ALLOWANCE FOR EACH.

MALES.				FEMALES.			
Meat	..	..	7 lbs.	Meat	..	..	$5\frac{1}{4}$ lbs.
Flour	..	..	1 „	Flour	..	..	1 „
Vegetables	..	..	14 „	Vegetables	..	..	$10\frac{1}{2}$ „
Bread	..	..	7 „	Bread	..	..	7 „
Butter	..	..	$\frac{1}{2}$ „	Butter	..	..	$\frac{1}{2}$ „
Cheese	..	..	$\frac{1}{2}$ „	Cheese	..	..	$\frac{1}{2}$ „
Tea	..	..	3 oz.	Tea	..	..	3 oz.
Sugar	..	..	8 „	Sugar	..	..	8 „
Mustard	..	..	$\frac{1}{2}$ „	Mustard	..	..	$\frac{1}{4}$ „
Pepper	..	..	$\frac{1}{4}$ „	Pepper	..	..	$\frac{1}{4}$ „
Vinegar	..	..	$\frac{1}{4}$ pint	Vinegar	..	..	$\frac{1}{4}$ pint
Milk	..	..	$3\frac{1}{2}$ „	Milk	..	..	$3\frac{1}{2}$ „
Ale or Porter	..	..	14 „	Ale or Porter	..	..	$10\frac{1}{2}$ „

RETURN OF MALE WORKING PATIENTS FOR THE YEAR 1862.

No. of Patients, and how employed.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total Weeks.
ARTISANS.													
In Bakehouse and Brew-house	4	4	4	4	3	4	4	4	3	4	3	4	45
As Carpenters	5	4	5	6	5	5	5	5	7	7	6	5	65
At Furnaces	1	1	2	2	1	2	1	1	2	2	2	2	19
As Masons	5	5	6	5	5	6	6	6	7	7	7	6	71
As Painters and Glaziers	1	1	1	1	1	1	1	2	2	1	2	2	16
In Smith's Shop	2	1	2	2	2	2	2	2	2	2	2	2	23
As Shoemakers.....	5	5	6	6	6	5	5	5	6	5	5	6	65
As Tailors	5	6	4	4	4	3	3	3	3	3	3	3	44
Total....	28	27	30	30	27	28	27	28	32	31	30	30	348
LABOURERS.													
Assisting Attendants ..	14	16	14	16	16	16	18	16	16	16	16	14	188
On Roadways	2	2	3	3	3	3	2	4	4	4	2	4	36
In removing Earth	0	0	0	0	0	0	0	0	0	0	0	0	0
On Farm	24	25	24	25	50	42	40	32	33	34	32	29	390
In Foul Linen House ..	2	2	2	2	1	2	3	3	2	3	4	4	30
In Garden	14	12	16	14	14	16	14	14	14	15	15	12	170
In Kitchen.....	2	1	1	2	1	1	1	1	1	1	1	1	14
Lime Kiln	0	2	2	2	2	2	2	2	2	1	2	2	21
As Quarrymen	4	3	4	2	0	0	0	4	4	4	4	4	33
In Stone Shed	0	0	0	0	0	0	0	0	0	0	0	0	0
As Coir Pickers	2	2	2	4	2	3	2	2	2	2	2	3	28
In Store Room	1	1	1	1	1	1	1	1	1	1	1	1	12
Total....	65	66	69	71	90	86	83	79	79	81	79	74	922

PATIENTS' CLOTHING MADE FROM JANUARY 1ST, 1862, TO
JANUARY 1ST, 1863.

Jackets	62	
Waistcoats	79	
Trowsers	52	
	—	193
Cloth Caps	3	
Epileptic Hats	22	
Lining Trowsers	41	
Braces, pairs	201	
	—	267

Repairs.

Jackets	290	
Waistcoats	206	
Trowsers	769	
Bed Ticks	12	
Stretchers	31	
Covering ditto	30	
	—	1338

SHOEMAKERS.

	Pairs.	
Boys' Boots	4	
Men's ditto	142	
Ditto Shoes	46	
Ditto Slippers	106	
Ditto Brown ditto	117	
	—	415
Women's Boots	267	
Ditto Shoes	95	
Ditto Slippers	11	
Ditto Brown ditto	163	
Children's Boots	5	
	—	541

Repairs.

	Pairs.		Pairs.
Men's Boots	270	Women's Boots.....	136
Ditto Slippers	201	Ditto Slippers	165
	—		—
Total	471	Total	301

LIST OF CLOTHING MADE BY FEMALE PATIENTS IN 1862.

Aprons	300	Pillow Slips	61
Bed Ticks	76	Pillow Ticks	37
Blankets	80	Shawls	20
Blinds	18	Shrouds	30
Bonnets	13	Sheets	150
Trimmed ditto	29	Shirts	290
Caps.....	185	Strong Dresses	45
Chemises	292	Strong Rugs	20
Check Dresses	107	Stockings (knitted, pairs) ..	17
Cloaks.....	8	Ditto (grafted, pairs)	29
Drawers (pairs).....	51	Towels.....	62
Dusters	36	Sofa Covers	2
Dresses (winter)	69	Chair ditto	1
Neckerchiefs	390	Jackets	22
Night Gowns.....	103	Vests (flannel)	44
Petticoats (serge)	105		
Petticoats (flannel)	133	Shirts (repaired)	1600
Pinafores	34	Gowns (ditto)	2000

FINANCIAL STATEMENTS

PREPARED BY

THE CLERK,

(PRO TEM.)

Pursuant to the 16 & 17 Vic., chap. 97, sec. 58.

FINANCIAL STATEMENT ON 1ST JANUARY, 1863.

[illegible]

FARM AND GARDEN ACCOUNTS

Dr.

	£	s.	d.	£	s.	d.
To estimated value of Stock on Farm, 1st January, 1862, viz. :—						
Live Stock	332	5	0			
Wagons, Carts, Tools, and sundry Farm Implements.....	129	0	0			
Mangold and other Roots, Seeds, Hay, &c.	388	3	0			
	<hr/>			849	8	0
To Purchase of Live Stock.....	225	8	11			
Corn, Hay, Straw, Potatoes, &c.	178	19	8			
Paid Rent of 12 Acres Land, Rent-charge and Rates	65	7	2			
Salaries and Wages, viz. :—						
Bailiff, Carter, Gardener and Yard man ..	110	10	0			
A Wagon, Tools, Manure, &c.	42	18	2			
Hire of Horses, &c	11	16	5			
Sundry small accounts.....	30	1	6			
	<hr/>			665	1	10
To Credit of Establishment, viz. :—						
Estimated Rent in lieu of interest of 60 acres of Land in cultivation, with Farm Buildings, the Chaplain's Residence, Lodge and Cotttage						
	150	0	0			
Balance in favour of Farm	175	16	9			
	<hr/>			325	16	9
				<hr/>		
				£1840	6	7

FROM JANUARY 1ST TO DECEMBER 31ST, 1862.*Contra.*

	£	s.	d.	£	s.	d.
By Live Stock sold, value				181	15	6
Produce of Farm supplied to the Establishment, viz. :—						
Pork, Beef, Butter, Milk, &c.	306	6	3			
Ditto from Garden, for Potatoes, Cabbages and Vegetables generally.....	492	7	7			
	<hr/>			798	13	10
Estimated labour of Horse and Man unconnected with Farm				8	14	0
Fagots and Straw used at the Establishment.....				4	0	0
Estimated value of Stock, Live and Dead, on Farm 31st December, 1862, viz. :—						
12 Milch Cows, £14 10s. each	174	0	0			
30 Sheep at 40s.	60	0	0			
2 Horses	30	0	0			
51 Pigs, various	83	8	0			
25 Fowls	1	11	3			
150 Tons of Mangold, 14s.	105	0	0			
34 ditto Hay, 65s.	110	10	0			
90 Sacks Potatoes, 12s.	54	0	0			
Oats, Seed Potatoes, and sundry other						
Roots, &c.	83	14	0			
Wagons, Carts, Implements, Tools, &c. ..	145	0	0			
	<hr/>			847	3	3
				<hr/>		
				£1840	6	7
				<hr/>		

From January 1st to December 31st, 1862.

£996 17 7

COST OF MAINTENANCE.

—000—

AGGREGATE NUMBER OF DAYS OF PATIENTS DURING THE
YEAR, 165,573.

Summary of Payments per Head per Week, viz.:—

				£	s.	d.		s.	d.
Salaries and Wages	..	..	..	1606	13	0	at	1	4 $\frac{1}{4}$
Provisions and Necessaries	..	..	..	5749	3	7	„	4	10 $\frac{3}{8}$
Surgery, Dispensary, Wine and Porter	..	..	..	213	4	11	„	0	2 $\frac{1}{8}$
Clothing	..	..	..	583	8	8	„	0	6
Repairs, Furnishing, Bedding, &c.	..	..	..	710	8	2	„	0	7 $\frac{1}{4}$
Miscellaneous, Interest, &c.	..	..	..	303	18	10	„	0	3
				£9166	17	2		7	9
Less from Farm Account	..	..	..	325	16	9	„	0	3 $\frac{1}{4}$
Total	..	..	..	£8841	0	5		7	5 $\frac{3}{4}$

